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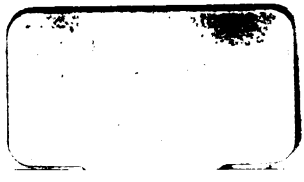

THE

JOURNAL OF MATERIA MEDICA

DEVOTED TO

Materia Medica, Pharmacy, Chemistry, &c.

CONDUCTED BY

JOSEPH BATES, M. D., AND H. A. TILDEN.

VOLUME XIII.

NEW LEBANON, N. Y.:
TILDEN & COMPANY, PUBLISHERS,
1874.

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THE
Journal of Materia Medica
DEVOTED TO
Materia Medica, Pharmacy and Chemistry.

Vol. 13.] JANUARY, 1874. [No. 1.

Communications.

ASCLEPIAS INCARNATA.
(*White Indian Hemp.*)

BY JOSEPH BATES, M. D.

NATURAL ORDER.— Asclepiadaceæ, of Juss.
" " Contortæ, of Lindley.

In the Linnean, or sexual system, this plant will be found in Class Gynandria, and Order Pentandria.

Plants of this artificial order (Natural order Apocyneæ) were placed in class Pentandria, order Digynia, by LINNEUS.

The celebrated JAMES EDWARD SMITH, showed us the propriety of removing them to the class Gynandria. Afterwards a mistake, committed by that distinguished naturalist, ROBERT BROWN, induced botanists to continue them in the class Pentandria, without questioning his accuracy—a case in point, showing the danger of great men's errors. *The stamens certainly proceed from the stigma only, in all stages of maturity, in the Asclepias Syriaca.* This I know from careful observations made under a high magnifying power for the last dozen years. The naked masses of glutinous pollen resembling the same in the family of Orchideæ, may be worthy of our attention also. (EATON).

GENERIC CHARACTER.—Petals 5, reflexed; nectaries 5, concave, erect, containing little horns; each stamen with a pair of pendulous masses of pollen, suspended from the top of the stigma; follicles smooth.

SPECIFIC CHARACTER.—(Flowers red or reddish-purple, blooms in July, root perennial). Stem erect, downy, branching above; leaves lanceolate, sub downy both sides; umbels mostly double at their origin; the little horn of the nectary exsert. A variety *pulchra*, is more hairy. Var. *glabra*, almost glabrous; with two opposite longitudinal hairy lines on the stem; leaves glabrous, with rough margins, midrib glandular below. Var. *alba* has white flowers.

HABITAT.—North America.

MEDICAL PROPERTIES.—Anthelmintic, emetic, cathartic, alterative, expectorant, and diuretic, to which Prof. LEE adds, narcotic and anodyne.

HISTORY.—Asclepias. *Asclepias* is the Greek name of the Æsculapius of the Latins, the god of medicine. It is known by several different popular names in various localities, such as Swamp Silkweed, Flesh colored Silkweed, Rose-colored Asclepias, White Indian Hemp, etc. A London Author has described thirty-four species of this Genus, many of which are found in this, country; in North America, there are twenty-one species, besides several varieties. Very few species of this Genus, are known to possess medicinal properties. A history of this Genus may be found in the July number of this *Journal* for 1869. From what little can be gleaned relative to the history of this species, it appears that its alterative and diuretic properties predominate. It has been used in domestic practice to some extent for dropsical affections, also for the expulsion of worms. The late Prof. LEE, in his remarks upon this Genus, says, of the six kinds of Asclepias, viz: Incarnata, Syriaca, Tuberosa, Curassavica, Gigantea and Vincetoxicum, five of them appear to have been used at different times in the treatment of urinary and genital diseases. The root is the officinal part, and the medicinal properties of that are said to reside in the cortex. It varies in thickness from one to six lines, and is of a light-yellowish or brownish color. It imparts its properties to water. Dr. LEE says:—"It has been found not only

alterative, diaphoretic, and diuretic, but one of the finest aperients in the Materia Medica.

THERAPEUTICAL EMPLOYMENT.

Gonorrhœa.—Dr. LEE, in a paper upon this plant, states that, in the treatment of gonorrhœa and syphilis, there probably is nothing equal to it now known to the medical fraternity. Dr. HAUSER observes:—"I have used, for many years, the tincture only, prepared in diluted alcohol, on account of the gum with which the root abounds.

℞ Asclepias Incarnata - - - - - ʒ iv.
Diluted Alcohol - - - - - - O ji.

After about fourteen day's maceration, as with most drugs, it is prepared for use. I have generally prescribed it in a tablespoonful dose three times a day; *i. e.* before breakfast, dinner and supper. And this I have done with very little regard to the stage of the disease, both in gonorrhœa and syphilis, however heterodox and unscientific it may appear to those nice critics in the medical fraternity who can theorize learnedly, but fail in practice." Dr. HAUSER reports three cases which Dr. LEE embodied in his paper on this article.

"CASE 1st. Was afflicted with running of the reins, brought on by a strain, and it had afflicted him long and sorely, even to the extent of a change from white to greenish discharges. I put him on tr. of asclep. incarn. alone; but as his business required him to ride a great deal on horseback, thus keeping up the irritation in the genital region, I think it was two weeks before I succeeded in curing him."

"CASE 2d. (reported in the Dr's. words.) Was of intemperate habits as well as priaputic. A single bottle of ʒ vjii. cured him."

"CASE 3d. Was badly off, his business required daily riding on horseback, but the tr. asclep. cured him in three days."

Syphilis.—B. N. had been looking badly for two or three months, seemingly afraid to call for help. I put him on my favorite tr.—blistered over his mammary glands several times during the course, and had large quantities of mercurial ointment rubbed into them after each removal of the cuticle.

After three weeks perseveranee I had the happiness to see my patient restored to hope and health."

Dr. LEE closes his paper on this plant as follows:—"If physicians will lay aside all indifference, and use the asclepias incarnata, especially in gonorrhœa and syphilis, I have no doubt that it will soon take rank in their estimation with the very foremost remedies in our Materia Medica."

Catarrh.—The late Prof. TULLY recommended this plant in catarrh.

Asthma.—This drug has its advocates in asthma, it should be given in doses sufficiently large, so as to occasion nausea.

Rheumatism.—Many physicians speak favorably of the use of this drug in rheumatism, in consideration of its alterative and diuretic properties. Its anodyne and narcotic properties, also, commend its employment in this affection. The A. incarnata possesses valuable properties and is worthy of further investigation.

Worms.—This plant is reputed valuable for its anthelmintic properties; for which purpose the powder may be administered in doses of ten to twenty grains, three times a day; or the decoction, two to four ounces.

Constipation of the Bowels.—Taken two or three times a day, this agent has been found valuable in removing constipation of the bowels. Dr. GRIFFITH states that it has been employed by several physicians who speak of it as a useful emetic and cathartic.

Typhus Fever.—EDWARDS and VAVASSEUR notice this plant, as having been used with success in typhus fever.

Peritonitis.—Dr. LEE says that he has treated about sixty cases of this disease with a combination of Calomel, Ipecac, Opium, Camphor, and sometimes Digitalis and Squill, and gave the patients during this treatment, the fluid extract of Asclepias Tuberosa and lost not a single patient. Some of his reported cases, he thinks, were much indebted to the use of Asclepias. He has also used Asclepias and Aconite in peritonitis, and found these agents, combined with Morphia, sufficiently potent to control this severe disease in a few days; he recommends them to the profession as agents of unexcelled efficacy. The fluid extract of Aconite Root and Asclepias Tuberosa, prepared by TILDEN, is the form he prefers above all others, and he states that he can recommend this form.

of them with perfect confidence. The Asclepias Incarnata possesses properties very similar, if not identically the same as those of A. Tuberosa, and may be used in the same diseases, and with like results.

PREPARATIONS

Fluid Extract	Dose, 20 to 40 Drops.
Solid Extract	" 3 to 5 Grains.

TINCTURE OF ASCLEPIAS INCARNATA.

Fluid Extract	Two Ounces.
Diluted Alcohol	Fourteen Ounces.

Dose—One and a half to three drams.

INFUSION OF ASCLEPIAS INCARNATA.

Fluid Extract	One Ounce.
Water	Fifteen Ounces.

Dose—Three to six drams.

SYRUP OF ASCLEPIAS INCARNATA.

Fluid Extract	Four Ounces.
Syrup	Twelve Ounces.

Dose—Half to one and a half drams.

LIATRIS SPICATA.

(*Button Snake-root.*)

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Asteraceæ. Inulæ. Lindley and Jussieu.

In the Linnean System, this plant will be found in Class Syngenesia, and Order Polygamia Aequalis.

POPULAR NAMES.—Button Snake-root, Spiked Liatris, Throatwort, and Gay Feather.

GENERIC CHARACTER.—Involucre imbricate, oblong; anthers entire at the base; akenes hairy, obconic; egret permanent, plumose-colored; receptacle naked.

SPECIFIC CHARACTER.—(Flowers red, blooms in August, root perennial). Stem simple, tall; leaves linear, glabrous, ciliate at the base, nerved, and punctate; spike very long; flowers sessile;

scales of the involucre linear-oblong, obtuse, close-pressed. From 2 to 4 feet in hight.

HABITAT.—North America.

MEDICAL PROPERTIES.—Tonic, stimulant, diuretic, and emmenagogue.

PART USED.—Root.

HISTORY.—Liatris. A name probably derived from Gr. *liazo*, to come forth. There are three species of this genus used for medical purposes, viz.: L. Spicata, L. Squarrosa, and L. Scariosa. The use of this genus as medicine, is of modern date. These three species have been somewhat celebrated for their alexipharmic properties in bites of venomous serpents; RUSH, as quoted by KING, states, that when bitten, the inhabitants of the Southern States bruise the bulbous roots, and apply them to the wound, at the same time drinking freely of a decoction of them in milk.

THERAPEUTICAL EMPLOYMENT.

Gonorrhœa.—A decoction of this plant, or either of the species previously mentioned, according to Dr. KING is very efficacious in gonorrhœa and also in gleet.

Dr. I. J. M. GOSS, A. M., in a paper upon this genus, makes the following statements:—"There are several species of this plant, (*Genus*), and many medicinal properties have been ascribed to them, as diuretic, astringent, tonic, and emmenagogue, &c. Alexipharmic properties also have been ascribed to it, and under this impression, one of the species has received the name of Rattle Snakes' master, perhaps the Liatris Squarrosa." "I wish, "says he," to call the attention of the profession to one of its properties, and that is, its specific action upon the urinary and uterine mucous membranes. As an expectorant, I think it acts similar to senega, but as a remedy in Gleet, Gonorrhœa, and Leucorrhœa, I think it acts with the most certain promptitude. Its specific tendency is to the mucous membranes, especially to that of the urethra, vagina and uterus." Dr. KING says, a decoction of the liatris is very efficacious in gonorrhœa, gleet, and nephritic diseases, in doses of from two to four fluidounces, three or four times a day.

Vaginal Leucorrhœa.—Dr. KING makes favorable mention of a

decoction, or an infusion of this plant, used as an injection in leucorrhœa. Dr. I. J. M. Goss, says, that he has recently tried liatris in vaginal leucorrhœa, in which it arrested the disease promptly. Physicians who have had much experience with the use of this article, recommend it highly in this affection.

Entero-Mitritis.—Dr. Goss states: "I am now treating some cases of chronic enteromitritis, attended with a profuse leucorrhœal discharge from the mucous membrane of the uterus, and they are improving very rapidly. Some of these have been treated by caustics to the cervical canal, injections up the vagina with astringents, and general constitutional remedies to improve the general health, but all failed to arrest the discharge, until I gave the fluid extract of the liatris. I give it combined with such remedies as may be indicated in each individual case."

Dysmenorrhœa.—It is reputed beneficial in dysmenorrhœa. It may be used to advantage in conjunction with chloroform, both by inhalation and given internally; or with opium. Prof. SIMPSON, as quoted by WARING, found a mixture of T. Opii. and Tartar Emetic, in minute doses frequently repeated of signal benefit.

After-Pains.—This plant is recommended by some physicians for the relief of after-pains. It may be used in conjunction with Camphor, Hyoscyamus, or Opium. Dr. TYLER SMITH, as quoted by WARING, advises an opiate liniment to be rubbed over the abdomen, but chiefly on the mammæ. He states that, when thus applied, it acts by reflex action, and effectually allays excessive sensibility of the uterus.

Sore Throat.—This plant has its advocates for the relief of this affection.

Bright's Disease.—Dr. KING states that this plant is said to be beneficial in Bright's disease, in connection with Lycopus Virginicus and Aletris Farinosa, equal parts of each in decoction. It may be administered in connection with colchicum. Dr. MACLAGAN, as quoted by Dr. Stillé, proposes colchicum in the advanced stages of *Bright's Disease*, as a means of depurating the blood.

PREPARATIONS.

Fluid Extract - -	Dose, 1 to 2 Drams.
Liatrin - - - -	" 4 to 8 Grains.

INFUSION OF LIATRIS.

Fluid Extract - - - - -	Two Ounces.
Water - - - - -	Fourteen Ounces.

Dose—Two to four ounces.

MIXTURE OF LIATRIS.

Fluid Extract of Liatris - -	One Ounce.
" " Lycopus Virginicus	" "
" " Aletris Farinosa -	" "

Dose—One to three drams. Beneficial in Bright's Disease.

EVIDENCES OF LIFE IN THE NEWLY-DELIVERED CHILD.

BY WM. B. ATKINSON, M. D., PHYSICIAN TO THE DEPARTMENT OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN, HOWARD HOSPITAL, PHILADELPHIA, ETC., ETC.

My opinion having recently been asked as to the fact of a child having life at delivery, in a case involving a large estate, I have been led to investigate the subject, and collate the views and opinions of authorities on this delicate and important point.

First. What are the indications of life?

Before delivery the fœtus possesses circulation without respiration. While this continues, and while the heart maintains its action, the fœtus lives and carries on all the functions of embryonic life. The cessation of the heart's action, and consequently of the circulation of the blood, marks the death of the child, and decomposition soon commences.

So long as pulsation continues in the cord, the fœtus, though inaccessible to the touch, is regarded as possessing life. This belief is so well established that all obstetricians hesitate in the performance of certain operations which may be rendered necessary by malformation of the pelvis, or malposition of the child, when said operation must necessarily lead to the destruction of life in the child. Indeed, the Roman Catholic Church provides for the baptism of the undelivered child under such circumstances, and does not hesitate to pronounce such an infant as saved if the ceremony is performed while such pulsations are known to exist, however feebly they may occur.

Now, if the fœtus is living as long as pulsation exists, may we not equally claim it as alive if such pulsation exists after delivery, even though respiration has not been established, or even attempted.

Upon this point obstetrical authors maintain a respectable silence. In works on Medical Jurisprudence we find more light thrown upon this intricate and important matter. Beck says: "There are two ways in which a child may be pulsating, *showing that it is alive*, and yet it may not respire. In this state it may continue for a sufficient length of time to die from natural causes, or in consequence of criminal interference, before respiration has commenced."—*Beck's Med. Juris.*, eleventh ed., 1860, vol. I., p. 494.

Taylor tells us: "It was formerly supposed that if the lungs contained no air the child could not have respired, and it must have been born dead. But neither of these views is correct; children have been known to respire faintly, and continue in existence many hours without visibly distending the cells of the lungs with air; the absence of air from the lungs, therefore, furnishes no proof either that respiration has not been performed, or that the child has not lived. (G. H. Rep., April, 1848.) That our law authorities will admit evidence of life in a child before the establishment of respiration, is clear from the decision of Judge Parker in the case of *Rex vs. Brain*, in which he said that a child might be born alive and not breathe for some time after its birth (*Archbold Crim. Plead.*,., 377,) as also from the charge of Mr. Justice Coltman, in the case of *Rex* vs. *Sellis* (*Norf. Spr. Cric.*, 1837). In this instance it was alleged that the prisoner had murdered her child by cutting off its head. The judge told the jury that if the child was alive at the time of the act, it was not necessary, in order to constitute murder, that it should have breathed. In fact, it would appear that respiration is regarded as only one proof of life, and the law will, therefore, receive any other kind of evidence which may satisfactorily show that the child has lived."—*Taylor's Med. Juris.* p. 324.

Cases are also on record going to show that the law would regard it as wilful murder, if respiration were prevented.

On further research it would appear that the civil rights appertain to a child born, though it has not yet breathed.

Taylor again tells us (p. 428): "The pulsation of a child's heart, or even the spasmodic twitching of the muscles of its body, is regarded as a satisfactory proof of live birth. The latter sign has

been judicially so pronounced, a *fortiori*, therefore, the motion of a limb will be considered good evidence, in an English Court of Law, of life after birth."

Provided these manifestations of the presence of life are undoubted the time during which they continue is not material. *

Taylor mentions a case (*Fish* vs. *Palmer*), tried in the English Court of Exchequer in 1806, where the plaintiff's wife, possessed in her own right of landed estate, died after delivery of a child, supposed at the time to have been born dead. The estate was claimed by Palmer her heir-at-law, and surrendered by Fish in consequence of his not having a living child by his marriage. Subsequent information led to the belief that the child was born alive. In the action which was brought to recover the estate, Fish produced evidence to show that the physician who attended his wife (since deceased) had declared that the child was living an hour before it was born, and when it was born he had it immediately placed in a warm bath by the nurse. It did not manifest any signs of active existence, yet the two women who attended it swore that there appeared twice a twitching and tremulous motion of the lips. It did not exhibit any further signs of existence.

The question next arose, whether this was sufficient evidence of the child having been born alive?

The medical men differed. Two gave it as their opinion that had the vital principle been extinct there could have been no muscular action in any part of the body, therefore it had been born alive, or manifested life after its entire birth. One demurred, and attributed this motion of the lips to the remains of intra-uterine life.

The jury, under the charge of the Court, pronounced the child to have been born alive, and the plaintiff recovered his estate.

All physiologists would readily acknowledge that such movements could not occur in a body devoid of life; that they must be due to the presence of some vital power.

Casper's Forensic Medicine really throws no light upon the subject. He quotes the General Common Law, part i, Tit. 12, § 13. The *live birth* of a child is to be held proven, when it has been heard to cry by witnesses of unimpeachable veracity, present at its birth. This is all. The subject is not again alluded to.

* "A child which survives entire birth for a single instant, acquires the same civil rights as if it had continued to live for a month longer."—*Taylor, op. cit.*

In the last edition of *Wharton and Stillé*, vol. ii, p. 100, we find the following: "It is important to bear in mind that there may be *life without respiration.* The circulation may go on, and the child may make various muscular movements, after it is separated from the mother, without respiring; sometimes, owing to congenital feebleness, or to its being in an asphyxiated condition, it makes no effort to breathe; and again, all its efforts may be fruitless, from the obstruction of the fauces and larynx with viscid mucus. Hence, paradoxical as it may seem, a child may live and die without having breathed. . . . The attempt too strictly to define the essential conditions of life has led to some absurd conclusions. In Germany, a distinct vocal sound is required by law as the evidence of life. But this appears to be modified in practice by the substitution of breathing for vocal sound, and the doctrine is accepted that respiration and life are reciprocally evidences of one another." Hence, intra-uterine life is not life. This view is not tenable, when we consider the many instances of suspended respiration for a longer or shorter period, as in attacks of trance, or, what is of more frequent occurrence, of syncope.

There must be life, so long as even the feeblest circulation continues. In fact, this is demonstrated by the test by which to determine in cases of apparent death whether life is utterly extinct; a ligature placed around the end of a finger, by impeding the return of the venous blood, at once shows that circulation still continues in the capillaries, and hence that life has not entirely departed. In the work just quoted instances are given to show the importance of this matter. In these cases, because of the presence of pulsation, even after the lapse of several hours, efforts at resuscitation were made and crowned with success.

Wharton and Stillé (op. cit., p. 117) give, as one chief point that has been demonstrated, "that life for a brief period is compatible with absence of respiration."

In conclusion, with such an array of facts and opinions, we would most earnestly caution the profession against the careless habit which so frequently obtains, of reporting a child as *still born*, merely because it lived but a short time after delivery.

We are firmly of the opinion that a large number, perhaps even a majority, of those reported among the still-births were living, even breathing, for an appreciable interval after their complete separation from the mother.

Note.—The last edition of "Taylor's Medical Jurisprudence," issued since the above was in type, gives, p. 624, *et seq.*, additional cases of equal value,

A CURE FOR EPITHELIAL CANCER.

BY GEO. G. BREWER, M. D.

Whatever tends to increase our capability of coping with a formidable disease cannot be uninteresting to the medical profession. Although cancer is a common disease, and one with which the surgeon and pathologist are familiar, it is a lamentable fact that it often baffles all treatment. I have always thought that the surgeon's knife was the proper and only treatment for cancer of every description. But my experience in treating an epithelial cancer lately has greatly changed my opinion. The subject of the case was a gentleman of fifty years of age, stout and healthy. An epithelial cancer, about the size of a hickory nut, located on the cheek near the ear. He consulted other medical gentlemen, who confirmed my opinion and advised him to have it removed. At his request, I removed it with the knife. Part of the wound healed in a few days, but the upper portion soon sprouted out with the cancerous disease. I then applied caustic potassa. not only to it, but to a considerable margin around it. In about ten days after the sloughing was over I found that the entire margin had taken on the cancerous disease. and my patient was in a worse condition than before the operation. At my request, he consulted several surgeons, who objected to operating any more, for fear of enlarging the cancer, and advised a soothing treatment—poultices of bread and milk. This was followed without benefit for six months, when a friend gave him a recipe which I did not object to his using:

℞ Chlor. Zinci..... gr. viij.
Bloodroot..... gr. v.
Starch..... gr. viij.

Make into a paste with honey.

The cancer was at this time nearly as large as a hen's egg. After applying the paste for two weeks, he called to see me. I found it had diminished to half its former size. I advised him by all means to continue it. After a month's use of the remedy, the cancer was not larger than a dime. He continued to use it until the disease was cured. There is at this time nothing but a cicatrix, where before was a large epithelial cancer. I report this case for the purpose of calling the attention of the profession to this remedy in epithelial cancer, and do recommend those who have such cases to treat to give it a trial.—*Med. Times.—Cincinnati Medical News*, October, 1873.

IS ERGOT AN OXYTOCIC.

BY W. S. BATTLES, M. D., OF SHREVE, OHIO.

Read before the Wayne County Medical Society, at its regular monthly meeting, Sept. 16, 1873.

There has of late been much said and written on this article of the materia medica, and I am not certain that what I may write will add much, if anything, to what is already known. But for the purpose of eliciting an interest in, and inviting discussion upon the subject, I would ask a few questions and note a few observations.

And I would first inquire, is Ergot anything more than a powerful diffusible stimulant, asserting with great rapidity and certainty its force in certain atonic conditions of the system? Does it not belong to a numerous class of medicines now well known to affect primarily and exert their cheif action through the sympathetic nerves? Does its action in ordinary hemorrhagic conditions differ from that which it exerts when administered as an oxytocic, and have the paradoxical observations made as to its effects differed in the least from those made in regard to the action of opium, alcohol, quinine, etc.? Does any one hold that when any one of them is administered its action is specific as to the uterus?

Should we find, as I once did, a lymphatic, flaccid patient pouring out his life through a small wound scarcely penetrating through the subcutaneous areolar tissue, would we administer any of the well-known hæmostatics with the idea that they would act specifically upon the few small blood-vessels implicated in the cut? Certainly not—but would expect, by the agency invoked, to remove the hydrostatic pressure, for such it is, from these open vessels by restoring them to, or at least arousing for the time being, the working capacity of the muscular walls of the *entire* capillary circulating system.

Any one who has had any considerable experience in obstetrical practice knows with what difficulty we are able to diagnose many cases coming under our observation. Here is a case in which we have regular pain, with marked contractions of the uterus, the os patulous and even considerably dilated. We give opium ; the pain ceases, the os contracts, the patient becomes comfortable. She would have done so under the influence of alcohol, quinine, or ergot. It was neuralgia, consequent upon an atonic condition, and all that was necessary was the introduction of something to arouse the working capacity of the machine, and a physiological condition

asserted itself, not only in the uterus, but throughout the whole organization, or rather through the whole organization, the uterus coming in for its own share, only, of this vis vitæ.

Again, we find a patient where all the manifestations of labor are present, but the process goes on slowly or ceases altogether; we administer an ounce or two of alcohol, and very soon action is aroused, the labor speedily terminates; and it would have done so precisely, under the influnce of ergot, quinine, opium, or any other medicine that has the property of an excitant of the latent energies of the most wonderful part of our nervous system, the nerves of organic life.

Hence, ergot may or may not be an oxytocic; quinine is or is not an oxytocic; and the *is* or *is not* solely dependent upon the condition of the pregnant female at the time of its exhibition. We here refer to quinine especially, as we have noticed that it has been of late catalogued with ergot as an ecbolic, and by some very clever practitioners proscribed entirely in pregnancy.

Practicing, as we always have done, in a malarious district, in a portion of which death from congestive chill has been of frequent occurrence, I have relied upon quinine as a measure of protection to all the pregnant women coming under my care in these neighborhoods, prescribing it in large doses, and have yet the first accident to record from its oxytocic effects.

And in women of relaxed habits, threatened with abortion, especially when hemorrhage is present, I administer with the utmost confidence the ergot of rye, and have not now, nor do I ever expect to report any unfavorable results.

If we have a female in actual labor, and there is no disparity between the size of the fœtus and the mother's pelvis, and the woman in a perfect physiological condition, we have a case in which there is very little medical or obstetrical interest; *the thing will do itself;* in fact, I know of no means to prevent it; for, narcotize her with opium, deaden her with chloroform, intoxicate her with alcohol, or bring her under the anæsthetic action of ether, it is all the same, the little fellow will *have his own way*, and appear in spite of us.

To have children is a very natural, and, comparatively, a very easy thing for a perfect woman to do, and it is not a very hard thing for a woman much below this standard to do, providing we, even for the time being, bring her into a tolerable approximation to such a physiological condition by artificial means.

A woman, perfect in physical structure, and of good health, carries her children too, without much solicitude; in fact, the annals of criminal abortion show most conclusively that she has the utmost difficulty in getting rid of her little "squatter sovereign." He holds on to the possession of what ought to be his quiet abode with a tenacity equal to the aggregate of the vital forces of the mother who carries him; and if a woman below this standard of health can be kept, by a careful dietetic and medical regimen, at or near a perfect physiological condition, the question of the carrying of her child is reduced nearly to a certainty.

Now it appears that the chief difficulty leading to accident in abortive women is asthenia; and hence the work of the physician is primarily to maintain the strength of his patient. This can ordinarily be done by giving careful attention to the condition of the digestive organs; but there are times when the pathological condition suddenly and powerfully asserts itself over the physiological, even when the tissues are tolerably well nourished. and manifesting itself chiefly in the depression of nerve force, especially that of the sympathetic system, producing ultimately relaxation of the uterine walls, dilatation of the os, hemorrhage, and death of the child, as its vitality cannot be greater than that of the mother who carries it. This condition, or these conditions rather sometimes, too, occur at the time of parturition.

Now, if during gestation this pathology should obtain, and we, by the use of ergot or other means, raise the status of the nerve force to or near the natural standard, this physiological condition would favor, nay, it would assert itself in maintaining and continuing the gestation. While, if precisely the same thing was done at the time of parturition, the condition produced by this same article of the materia medica would manifest its action, perhaps, in the speedy expulsion of the child; being in the one case the means of the conservation of the life of the child, and in the other the means of the speedy delivery of the mother.

That, which under the first given circumstances would enable, yes, compel her to carry her child *safely*, would, under the second given circumstances, enable the uterus to safely throw it off.

Now this we believe ergot and quinine will do, and it only remains to be proven that they will do more, in order to maintain that to the pregnant female *they are always* oxytocic.

It does not come within the design of this paper to treat of the dangers and the appropriate treatment of pregnancy where hyper-

asthenia obtains; for in these cases no sane physician would think of prescribing quinine and alcohol; although he might occasionally find a place for ergot and opium.—*Medical and Surgical Reporter.*

EXTRACT OF PINUS CANADENSIS FOR MALIGNANT DIPHTHERIA.

Since the first introduction of this *new medicine*, I have taken much interest in observing its action.

The Pinus Canadensis has long been known to possess valuable medicinal properties, yet its application has been limited; but under this special form it has been thoroughly tested in a great variety of diseased conditions. In fact, it appears to occupy such a wide range that it seems almost a newly-discovered agent.

Several medical Journals contain valuable articles upon it, written by men whose opinions are entitled to high consideration; among these are Drs. J. Marion Sims, W. Walker, J. C. Whitehill, P. A. Morrow, O. E. Newton and others.

I can fully adopt all that these writers have said, having used this extensively in the diseases referred to by them. I have employed it in a large number of cases of the varied forms of ulceration with perfect satisfaction.

I have administered Kennedy's Concentrated Extract of Pinus Canadensis in the treatment of a disease, one of the most dangerous and fatal that we have to contend with, with a success I had never met with before. The disease referred to is that of malignant diphtheria. I will give a single case to illustrate.

Miss——, aged 18, was violently attacked with the symptoms which attend this disease in its most malignant stages. It had passed into what is regarded by the profession as the last and incurable stage; in fact, in thirty years' practice I have never seen a case recover under any form of treatment where the local and constitutional condition of the system was like this. All the hectic symptoms were present; constant diarrhœa, great emaciation, extreme prostration, fever of a typhoid character, the tongue and fauces heavily coated, extensive ulceration, almost impossible to swallow even the smallest quantity of beef tea, the anterior and posterior nares were completely obstructed by the peculiar secretions which attend such cases, and there was a constant purulent exudation of the most offensive character. I had the

case under treatment from the commencement, and the disease resisted every effort which I made by the ordinary means. In fact, the case was so alarming that little or nothing could be expected in the way of recovery. I made use of this remedy as follows:

℞ Conc. Fluid Ext. Pinus Canadensis..... ʒ ij.
Aqua pura..... ʒ viij.

Sig. One teaspoonful taken into the mouth, allowing it to remain a few minutes and then to be ejected; immediately after which the same quantity was to be swallowed. This could only be done by great effort and the holding of the head in a position which favored the process of swallowing; this to be repeated every half hour until four doses of each have been taken, after which it was to be used once every hour. In three hours from the time the first spoonful was swallowed a change was manifested. The patient was able to swallow beef tea without so much pain and difficulty. In fifteen hours from the time the first dose was given there was not a particle of the coating on the tongue to be discovered. The appearance of the ulcers was favorable, and the nasal obstructions were entirely removed; the alarming symptoms subsided, and convalescence was fully established; recovery was rapid. I continued the use of the medicine, reducing its strength one-half, and administering it at intervals of two hours for ten days, at which time all medicines were discontinued. I will repeat that at the time of beginning the use of this medicine the strength of the patient was so completely exhausted that she was unable to rise from her bed or to stand upon her feet. Without conjecturing why this agent, possessing in its chemical constitution the same properties contained in many other remedies, should be more successful, I most cordially recommend this preparation to the careful consideration of the medical profession, especially in the treatment of this form of the disease.

Since writing the above, I have treated other cases presenting similar characteristics with like results.—*Cincinnati Medical News*, October, 1873.

ON THE ADMINISTRATION OF CASTOR OIL.

BY E. GREGORY.

Castor Oil is indisputably nauseous and unpleasant to take, so much so that some patients cannot be induced to swallow it, by

any device or on any consideration. At the same time its qualities are such that in some disturbed states of the system no other purgative can be substituted with safety. On this account a great deal of ingenuity has been exercised in endeavoring to devise means by which the dose may be swallowed without tasting it. So far as I know, success in this attempt has been only partial, and I fear the difficulties in the way are too great to be entirely overcome. Efforts seem to have been made in three directions: first, to enclose the oil in a tasteless envelope, such as the hard and soft castor oil capsules. To these there seem to be two objections. One, from the number of capsules necessary to be taken for a purgative dose; the other from the fact that most of the makers, in their efforts to reduce the size of the dose, have been tempted to add a foreign ingredient, such as podophyllin, or croton oil, both of which are of so drastic a nature as to make it unwise to give them to a delicate patient. The second class of efforts have been made principally by medical men and nurses, and have consisted in floating the oil on some vehicle, such as tea, coffee, punch, wine, beer, etc., etc. The result is that the patient, in spite of the most careful management, finds some of the oil sticking to his mouth, and sinks back in the bed with the conviction impressed on his mind that oil is abominable stuff. The most successful vehicle of this kind that has come under my observation is flax-seed tea, well sweetened and flavored with any agreeable aromatic. If the oil be floated on this, and before the dose is taken, the lungs be thoroughly exhausted, so that the whole can be drunk with a deep inspiration, the taste is very little noticed. The third direction in which inventors have exercised their ingenuity in endeavoring to cover up and disguise the unwelcome flavor is by adding various ingredients to the oil, and by making it into an emulsion. Of this class is Copland's Sweet Castor Oil, which answers admirably for children, but for adults has the disadvantage of retaining its natural appearance, and of being much too thick and clammy for reasonably pleasant use. Wilson's Castor Oil Emulsion has the taste well disguised, and has a little less of the clamminess, but is open to the objection of being too thick, and there is just the suspicion in my mind that the strength may have been fortified by the addition of some more powerful purgative.

In the May number, p. 357, of the JOURNAL is an article by Mr. Herbert G. Rogerson, * in which he gives a formula adapted to

*American Journal of Pharmacy, April, 1873, p. 174.

emulsify most oils and balsams. It certainly makes a very nice looking preparation, having a white pearly lustre, and with the taste and smell of the active ingredient very well disguised. But it is too thick and must be gulped down.

For some twelve or fourteen years past I have used the following formula for a Castor Oil draught which has proved very acceptable to adults who could not get down the pure oil. For children it does not answer so well, the dose of necessity being double that of the oil:

℞ Ol. Ricini..... ℥ j.
Mucil Acaciæ..... ʒ ij.
Shake well together, then add
Syr. Simp..... ʒ ij.

Shake again, then flavor with Spts. Menthæ Pip., or according to taste, and make up two ounces with water. This mixture can scarcely be called an emulsion, but it mixes well on vigorous shaking. The taste is well disguised; it is thin enough to be easily taken from a wine-glass, and it leaves no oil sticking round the mouth. I have lately obtained still better results from the following formula:

℞ Ol. Ricini..... ℥ j.
" Anisi..... gtt. x.
Chloroform..... gtt. x.
Shake well together, then add
Mucil. Acaciæ..... ℥ ss.

Shake well and make up to 2 ozs. with water. I know not whether this may be considered an infringement on Mr. Copland's patent, but it is a very nice looking and palatable preparation, and does not separate so speedily as the last.—*Pharm. Journ. Canadian.* —*American Jour. of Pharmacy*, Nov., 1873.

A PROPOSITION FOR A SIGN TO BE USED BY MEDICAL MEN TO MARK UNUSUAL DOSES IN PRESCRIPTIONS.*

BY R. HAMPSON.

In proposing a sign, for the adoption of medical men, to denote with unerring significance the prescribing of unusual doses, I feel

*Read before the British Pharmaceutical Conference, Sept. 16.

that I may almost be open to the charge of trespassing upon medical ground, and I must admit that a proposal of this kind would have come with greater propriety from medical men themselves. I believe, however, in the light of a recent painful event, that the time has arrived when the adoption of a distinctive sign will be welcomed both by the prescriber and the dispenser.

The interests of pharmaceutists are in a great measure so identical and so intimately bound up with the physician's interest in his patients' welfare, that the adoption of a sign, if recommended by this Conference, will, I have no doubt, be received by the medical profession with proper consideration and respect.

An unusual dose I define as a dose in excess of the maximum adult dose of the Pharmacopœia, or a dose exceeding that commonly administered.

Our experience as dispensers of medicines will have fully proved to us that the marking of unusual doses would be accepted as a long desired boon by all concerned.

The prescriber, in employing an accepted sign, of easy recognition, would be assured by its use that it would remove all hesitation and questioning doubt from the mind of the dispenser, and that it would ensure for his patients the receiving of the prescribed medicines without needless delay—which delay, in some cases, may mean loss of life or the suffering of unnecessary pain and watchfulness.

The pharmaceutist, whose occupation it would be to dispense the duly marked doses, would greet these unmistakable signs with genuine pleasure and relief, and their use would save him considerable anxiety, as well as the loss of much time and the inconvenience so often caused in seeking out the prescriber's real intentions.

I shall not take up time in citing cases which have occurred to me individually, or in alluding to any brought under my notice, to prove that the use of a sign is imperatively demanded by the exigencies of the case. Every one present whose vocation it is to dispense prescriptions will call to mind frequent instances when an indicating sign to mark the unusual doses would have saved considerable time, trouble, and vexation.

It is certainly very remarkable that, in this country of practical expedients, a rule of this kind should not years ago have been in use.

In Germany and Austria, where mat
the strong hands of the state, a clearly
arbitrary character for adoption here, set
copœias of those countries, has been employ
this fact is presumptive evidence that a rule,
some kind is required in this country.

It is folly to suppose, as averred, that we can
ceivable interest in "limiting medical practice,"
passing a shade of criticism upon it. Our inter
necessarily in a contrary direction, and our duty is obv
and well defined. It is simply to provide with perfect in
medicines prescribed; but I certainly think we are entitled
them prescribed as plainly and as legibly as possible; and w
unusual dose is required it is only reasonable to request t
shall be so described and signally marked that there shall b
room for doubt in the mind of the dispenser that the dose
really intended, and not *mis*-prescribed.

If doubt should exist as to whether a prescribed dose is intended, it is the dispenser's acknowledged duty to communicate speedily with the prescriber to ascertain his intentions.

We must not, however, let it be supposed that a pharmaceutist is *not* at liberty to decline to dispense a prescription in which an unusual dose of a remarkable character is prescribed.

My experience includes the dispensing of some very unusual doses, and I cannot forget the grave sense of personal responsibility dwelling in my mind whilst dispensing those particular prescriptions.

If we feel the responsibility too oppressive, we ought to consider ourselves fully at liberty to decline to dispense prescriptions of this exceptional character. I am sure we should never lightly exercise this undoubted right of refusal, or in any way forget to show, on such occasions, a proper and due regard for the delicate professional position of the prescriber.

As the object we have in view is of more importance to medical men than to pharmaceutists, I trust the medical profession will give their willing and necessary aid in bringing about the general adoption of a sign to mark unusual doses. We may, I hope, also look with confidence to the medical journals to endorse our efforts to establish the use of that sign which may be considered to be the best suited for the purpose intended.—*American Journal of Pharmacy*, Nov., 1873.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Treatment of Aphonia.

The following cases are reported in the *Medical Press and Circular*, by Dr. GEORGE N. MONETTE :—

CASE I. *Aphonia supervening on an attack of dysentery, complicated with right hemiplegia and amnesia.*—J. R., Irish, æt 35, was admitted into Charity Hospital, August 12th, with acute dysentery of ten days' duration. I at once ordered the following prescription :—

℞.	Bismuthi subnitratis.....	ʒ ss.
	Mucilaginis acaciæ.....	ʒ vj.
	Aquæ laurocerasi.....	ʒ j.
	Morphiæ sulphatis	gr. ij. M.

A tablespoonful to be taken after each liquid stool.

August 13th, greatly benefited, he said, from first dose. Prescription repeated, which entirely relieved him within three days. All medicines were discontinued for several days, and I directed, too, that he should have only very light fluid ingesta, with dry soda crackers well chewed before final deglutition. After the sixth day subsequently to his admission, after a violent tenesmic effort at stool, he felt as if he should faint ; suffered from vertigo, weakness and a momentary inability to stir. There was no acute pain attendant, but he could not utter a word, and his right side was paralyzed.

On the second day after the paresis I ordered the following prescription:—

℞	Liquoris Strychniæ.....	ʒ ij.
	Potassii Iodidi.....	ʒ ij.
	Spts. Lavandulæ comp.,.....	ʒ j.
	Syrupi Zingiberis, Aquæ, aa.....	ʒ iij.

Misce et signa.

Tablespoonful to be taken three times daily, half an hour after meals.

I urged him to frequently attempt to articulate. Within three days the patient could articulate "yes" distinctly, but was unable to utter two words in succession. Phonation was gradually restored, and by dint of persevering in this treatment there was entire recovery of each of the impaired faculties; amnesia cured, phonation restored, paresis almost wholly relieved.

CASE II. *Aphonia following severe cerebro-spinal concussion, complicated with loss of gustation, impaired audition and vision; amnesia and dysæsthesia of lower extremities.*—W. J. S. was admitted into hospital October 6th, 1872. He had fallen, three days previously, from a scaffold, a distance of fifteen feet. He remained in a semi-comatose condition for twenty-four hours or more, with, loss of phonation, gustation, impaired audition and vision, and volition of lower extremities, and somewhat perverted sensation.

When first seen by me he could scarcely speak in an audible whisper, and his hearing was very dull; his temperature fluctuating, subsequently profuse perspirations, which somewhat alarmed him. There was some dribbling of urine, but no distention of bladder. Enjoined the most perfect quiet, and ordered the same compound as in Case I, conjoined with the best diet the hospital could afford; soft-boiled eggs, milk-punch, or egg-nog, with topical application of a cantharides blister to back of the neck, just beneath the occipital protuberance, which gave great relief, and was repeated on the next alternate day. One week's treatment justified the assumption of a favorable prognosis, as day after day returning functions were well evidenced, till finally cured.

After he had sufficiently regained each of his faculties, I ordered ten-grain doses of the potassio-tartrate of iron, three times daily, in solution, and discontinued the original prescription.—*Medical and Surgical Reporter*, October 4, 1873.

Diagnosis Between Serious and Mild Cases of Delirium Tremens.

The *Medical Press and Circular* contains a translation from an article in the *Journal de Medecine.* The author, M. MAGNAN, has sent to the Société de Biologie a communication which throws light upon the prognosis of the febrile form of delirium tremens, showing the clinical method of distinguishing the grave from the benign form of acute alcoholism.

The result of M. MAGNAN'S researches is, that these symptoms are to be met with in such cases. The first, and the most important, is the state of the temperature; when for two or three days it oscillates about 38° C., the case is simple, and those oscillations announce its speedy subsidence. When on the contrary, the temperature rises from 38 to 39° the first day and rises even to 40, 41, and 42° and more (it has been seen at 43° just before death), the case is most serious. The rise of temperature, permitting one

to be precise as to the diagnosis and prognosis of a malady which causes much disquietude, is M. MAGNAN'S own discovery, and this taking of the temperature allows one to distinguish the iodopathic delirium tremens which occurs immediately after alcoholic excesses from the delirium tremens of the wounded, and of patients with whom it is intercurrent. In those cases the temperature corresponds with the complications, the traumatism, the pneumonia, the erysipelas, and its rise follows the ordinary course of those affections.

M. MAGNAN has remarked, moreover, that in the gravest cases of delirium tremens you may observe, besides well-known trembling a very noticeable disturbance of motility, consisting in a quivering of the muscular fibrillæ, which is developed under percussion or pressure. The third sign is a paralysis amounting to paraplegia of the lower limbs in the worst cases, to simple weakness in slight ones. But these two last signs are far from having the value of the first.—*Medical and Surgical Reporter*, Sept. 13, 1873.

Inœa.

A new poison has lately been discovered, called *inœa*, which is said to be more subtle than digitaline. It is obtained, by pressure, from the seeds of *Strophanthus hispidus*, an apocynaceous plant, found in Gaboon; and from experiments made with samples of it, taken from arrows, upon which the natives place it, it appears to act more powerfully than even digitaline, and quickly paralyzes the heart. Three milligrammes kill a frog, a sparrow, or a dog; though the resistance of certain animals varies. A snail, for instance, requires five milligrammes; a mouse has withstood three milligrammes of the extract (obtained by macerating the seeds in alcohol), while this latter dose kills a dog nearly a thousand times heavier than the mouse. The heart comes to a complete stand-still after a few irregular efforts.—*New York Med. Review.*—*Cincinnati Medical News*, Sept., 1873.

Thumb-Sucking.

I have observed that a peculiar and rather common deformity of the chest is caused by the habit of sucking the thumb in infancy and early childhood. The weight of the arm on the thorax of the child during sleep produces depression of the ribs in the line occupied by the arm when the thumb is placed in the mouth. As this is a very important effect of "thumb-sucking" never hitherto

pointed out, I think it desirable to place this note on record for the benefit of other observers,—Dobell—*Brit. Med. Jour.*—*The Clinic*, November, 1873.

Treatment of Obstinate Constipation.

Dr. MACARIO, of Nice, in a communication to the *Lyon Medical*, observes that in treating constipation most practitioners confine themselves to enemata, laxatives, or more or less irritating purgatives, which in point of fact rather aggravate than cure the affection. He therefore wishes to make known what he says may be truly termed a "heroic" remedy, which he has employed during twelve years with such constant success that he cannot but regard it as infallible.

Constipation, as every one knows, may be produced either by intestinal excitement with deficiency of secretion (nervous constipation), or in consequence of deficient contraction of the muscular coat of the intestine. Here it is produced by atony or intestinal indolence, which bad anti-hygienic habits have induced and keep up. The prolonged contact of the fæces with the rectum blunts the sensibility of the mucous and muscular tissues, and the synergical contraction of the upper portions of the large intestine either does not take place or does so in an insufficient degree, constipation being the result. In *nervous* constipation the following pill should be given: Pure sulphate of iron, ten centigrammes; Socotrine aloes, five centigrammes; atropine, from one-third to one-half of a milligramme. In the *atonic* form, for atropine one centigramme of powder of nux vomica may be substituted. By the aid of these pills regular stools may be procured, even in the subjects of obstinate constipation due to *ramollisement* of the brain and chronic myelitis with paraplegia. Dr. MACARIO gives from one to three pills immediately after dinner, the object being to produce one easy, natural, non-diarrhœic evacuation. If more than this is effected, the dose is to be diminished, one or two pills sufficing in most cases. The use of these "anti-styptic" pills ought not to be continued indefinitely, a longer interval being allowed to elapse between their administration in proportion as the constipation diminishes, it being of importance to allow the organs to resume their spontaneous action without any auxiliary. If the constipation returns, the pills can be again had recourse to.—*New York Medical Journal.*—*Canada Med. Record*, Nov., 1873.

New Mode of Administering Cod-Liver Oil.

Numerous attempts have been made to render cod-liver oil less disagreeable, either by gelatinizing or solidifying it, but only with partial success. The system of capsules seems to answer best; but the great objection is the number of these which must be swallowed. Now it would seem that Messrs. CARRE and LEMOINE have contrived to incorporate the oil with *bread.* Each pound of bread contains a little more than two ounces of the oil or five tablespoonfuls, and three ounces of milk. Small loaves are also made which contain only two tablespoonfuls, and which altogether, weigh only five ounces. These loaves are beautifully white, look extremely well, and have hardly any taste. Both children and adults eat them very willingly. In M. BOUCHUT'S ward, at the Children's Hospital, in Paris, thirty-four small loaves are brought every morning, and are looked forward to with much anxiety by the children for breakfast. They have been largely used among private patients, and no one complains of any disagreeable taste. Five or six tablespoonfuls of oil may thus be given per diem, incorporated with the bread taken with the usual food.—*Lancet.*—*Canada Medical Record,* November, 1873.

Burns.—

Glycerite of lime used in burns is said by De Breyne to soothe the pain and to prevent inflammation or diminish its intensity; it is prepared from recently slaked lime, one part; glycerin, fifty parts; chlorinated hydrochloric ether, one part.—*The Medical and Surgical Reporter.*

Editorial.

DR. H. M. WELLS,

Dear Sir:

The question in your note of the 5th inst. as to how and when the impositions upon the Profession in the form of adulterated or inferior fluid extracts is to cease, can only be determined by the Profession themselves. So long as they encourage it, by using such articles, because they come cheaper, will it continue. In many instances Physicians are not at fault, supposing they are using those of proper strength, and because they do not get the proper

effect, condemn the whole class of fluid extracts. Many apothecaries go upon the principle that "they come cheaper, and sell just as well, they, (the Doctors) don't know the difference." It is becoming too fashionable for any one with a simple displacer to make a strong tincture and put it forth as a fluid extract; and because they pass a pint of diluted alcohol through a pound of material, say it represents one ounce of the crude article for each fluid ounce. When in truth, not one of these makers know how much it does really represent, or how much active principle is contained in one ounce, or what should be represented in one ounce of the preparation; and here is the fallacy of the whole thing—these preparations vary from 30 to 80 per cent. of strength, and not one is found to come to the true standard. Indeed it cannot be otherwise, for they do not take the trouble to study the subject, and test the crude article or the product; the main object being to make something that will sell just as well, for "*the Doctors don't know the difference.*

The method of Prof MEYER (with whom the late Prof. DUSSAUCE and the writer, pursued many interesting experiments) provides a sure protection, it is complex and requires experience and careful observation. It enables us to test all crude materials, and all preparations to which it is applicable, that a standard of strength may be maintained. For instance take Hyoscyamus, the average number of grains of test solution required to precipitate all the alkaloid in one ounce of crude material completely exhausted, has been determined through a period of five years to be 760, the average—hence, we require each ounce of fluid Extract to be made of such strength that it will require at least 750 grains, making making that our standard, and as a matter of comparison have subjected eighteen other manufactures, or what we have referred to, as tinctures, to precisely the same tests and find that they are deficient, as is illustrated by the following enumeration of grains required in each case: 260, 265, 160, 148, 200, 316, 236, 210, 296, 98, 181, 280, 330, 198, 84, 340, 134, 270. These are a fair illustration of how other kinds average, and what uncertainty the 'Doctor' is subjected to, in the articles that *sell just as well.*

So also with Ergot one of the most important articles used by physicians, and there is perhaps no article in market which is so troublesome to obtain of proper quality as Ergot.

The samples sent you are prepared according to *New Formulæ*, which we shall call the "*Formulæ* 1874." Much has been written

concerning its active principles, and to what particular principle its specific action was due, and this difference of opinion has been an embarrassment in determining the method of preparation; therefore, putting aside all speculation, and reasoning that the natural association of principles was for a wise purpose, we have by a series of experiments associated *all* in the present preparation; which we believe will be found to be as perfect a representation of the crude article as it is possible to prepare, and that one dram will act more promptly than the corresponding amount of Ergot in powder, and so far as it has been tried, we have but one opinion in its favor.

By every other method heretofore used, we could only make our standard by the same tests 600, but by our process it will stand at least 840, and we shall henceforth make this our standard.

We have tested as before mentioned 19 different preparations of Ergot, and found them to stand relatively 280, 310, 75, 80, 340, 320, 276, 440, 316, 280, 26, 376, 316, 308, 316, 472, 310. Ergot in market, varies so much in quality, that it is impossible to get it of even quality, and we have had the *worthless article* offered us with the remark that it will do well enough for extracts.

Professor BAKER, in a communication says he spent ten days in our laboratory testing the method of MEYER's and the skill of our chemist in charge of this department and remarks:—"That the methods employed by the establishment, for the fabrication of preparations, always containing a fixed amount of active principle, is correct. If medicinal preparations are useful in any case, it is desirable that they should conform to some established standard. And it can be said without fear, that the method of Prof. MEYER's guarantees this, and he should be held in respectful remembrance, for so ingenious and useful a method, for relative determination; and there are not many houses who would incur the expense and devote their time to successfully apply a method so complicated, to those not familiar with the whole source of alkaloids and their consequent association." Yours,

TILDEN & CO.

New Lebanon, N. Y., December 24th, 1873.

New York, Jany. 5, 1874.

"GENTS:—I have been using extensively in my practice the Elixir Iodo-Bromide of Calcium Compound with uniform good results, and regret to call your attention to a formula on page 34. of "*Druggist Circular*," which

is calculated to do not only you injustice, but the Profession great harm, for it cannot give an article such as you supply us with. It is a matter of much moment to us whether we are to have put in our prescriptions the genuine article, or an extemporaneous article, that evidently does not contain all the elements announced in your preparation. You should give this your immediate attention."

The above note from a Physician of large practice, in New York, who has for two years used the Elixir Iodo-Bromide of Calcium Comp., has induced us to look up the Formula referred to and to publish it entire.

J. A. L. (*New Iberia.*)—The Elixir Iodo-Bromide of Calcium is a preparation containing Iodide and Bromide of Calcium; but the proportion of the salts has been kept secret by the parties who introduced the Elixir, and nobody has, to our knowledge, taken the trouble to analyze it. The subjoined formula is proposed:

ELIXIR OF IODO-BROMIDE OF CALCIUM.

Iodide of Calcium.....	
Bromide of Calcium, of each.....	160 grains.
Curacao Cordial.....	1 pint.

Dissolve and filter. The dose would be from one to two teaspoonfuls.—*The Druggists' Circular and Chemical Gazette*, Jan., 1874.

To protect the Profession from imposition, by substitutions or imitations as is proposed above, is the reason why we have never published the complex and difficult method which secures to the Profesion a remedy which appears to be without its equal as an alterative, in the most difficult scrofulous cases, as well as others of a different type. Were we to open the whole subject to the curious it would be impossible to accomplish it without the facilities we have organized, had they the skill and patience to await results.

As soon as we originate a preparation which possesses merit and has favor with the Profession, there are those who are ready to engage in its manufacture, or "*something like it*," if not, "*it will sell just as well.*" and who pursue it to such an extent, as to bring the preparation, from the absence of the essential properties, into disrepute, because the physician does not know the difference, and disposed to treat all as worthless, after disappointment, from the use of the substitute or imitation.

Therefore, knowing too well, the course which would be attempted with the Elixir Iodo-Bromide Calcium Compound, we have withheld the information complained of but have never hesitated to explain personally to physicians, who are not only the interested parties, but the parties to be protected from imposition. To do this more securely we secured to ourselves the exclusive right to the name and manufacture, and shall make an example of any one who attempts to impose upon the Profession, any substitute, as set forth in the above proposition.

It is not a little surprising that the "*Druggists Circular*" should be a

party to the perpetration of such an act upon the Profession, either directly or indirectly. The duty and office of such a Journal is to check and not to encourage improper practices. The author admits that he does not know how it is made, and must know, that he is simply guessing, and if he has taken any pains to inform himself, that what he proposes, has really no relation to the genuine, still, as a public instructor, he proposes something to satisfy the enquiry of his correspondent, instead of saying frankly, "we have no information to give." What is to follow from the use of such a formula, but a failure to realize the effect expected from the use of the genuine preparation. The apothecary thus humbugged is induced to experiment upon the reputation of the physician and his cases in hand, for what? simply that a few cents perhaps may be saved the apothecary, and an irreparable loss and disappointment to the physician and his patients. It is this reprehensible disposition to trifle with matters involving reputation, health and life, that we particularly call attention to. We have had quite a number of efforts in this direction submitted to us. In one case in particular, a person had through a physician in the town he was visiting—received great benefit from its use, upon return home he applied to an apothecary for some and was informed, he would have some the next day, at which time he was served with an article that did not please him either as to taste or appearance. After its use for some days, with no satisfaction, he questioned its genuineness, and was given to understand there could be no doubt, and received another quantity, with like disappointment. He then wrote us and we sent him two bottles by express, which benefited him, as had that received from the physician originally; this induced him to pursue the investigation, and he found that what he had received from the apothecary was "*made up, as he thought it ought to be*" and "*was as good as that made by us.*"

It is hardly possible to employ language sufficiently strong in condemnation of such impositions; indeed they are practiced every day.

A CASE OF SYPHILIS OF LONG STANDING.

BY DR. M. R. CHADWICK. HART, MICH.

M——, applied to me for relief from Chronic Syphilis. The medicines he had taken for years only acted as palliatives. For a season he omitted medicine altogether, when the burning in his bones, as he expressed it, returned with a soft Chancre, and he consulted at different times two of our most respectable physicians with no relief; a few weeks since he applied to me. I put him upon the use of the Elixir Iodo Bromide of Calcium Comp., he soon made rapid improvement. I used Tinct. Chlor. Iron on the Chancre and he now considers himself nearly well, but shall keep him upon its use until the poison is wholly eradicated from the system.

SCROFULA.

Was called to see M. I., aged about 22 years, of scrofulous diathesis. His

mother had died of tubercular Consumption, and he has for some time been subject to scrofulous abscesses, with hard bases remaining. A Physician in in Ohio put a seton into one of these and kept him under the use of Iodide of Potassium for some months with no appreciable improvement. He came home to his friends in this place and was seized with a hectic fever and appeared to have all the incipient symptoms of Catarrhal Consumption. I gave him tonics and sedatives without much benefit until I put him upon the use of Elixir Iodo-Bromide of Calcium Compound; his hacking cough passed away and he has already improved in flesh and spirits under its continued use alternated at times with Tinct. Ferri Chlor: and we have in his case the appearance of restoration to health and eradication of the difficulties which have so long troubled him.

I was called to see an Indian who had suffered amputation, and to dress the stump; he was much debilitated before the amputation, consequently it did not heal kindly; but mortification set in, in the neighborhood of the femoral artery, attended with typhoid form of fever. I injected the undiluted Bromo-Chloralum into the stump and gave proper constitutional treatment.

The Bromo-Chloralum promptly arrested the sickening fœtor, and after two or three daily applications, induced a new action in the part and it went on to heal kindly.

Believing these two preparations to be of great value to the profession I give these cases that they may have the benefit of my experience thus far.

USE OF BROMO-CHLORALUM IN REMOVING BAD ODORS.

Extract from letter of PETERFIELD TRENT, M. D., Richmond, Va.:—"Having upon several occasions given your "Bromo-Chloralum" a trial as a *disinfectant* and *deodorizer*, you must excuse my adding my testimony to the very many you have already received. Some two weeks since, I found my office intolerable from a dreadful smell emitted from a closet in which I kept kindling wood. It was so bad that my parlor, above my office, could not be used. I tried Carbolic Acid and several other disinfectants, but with no effect. I then procured a bottle of "Bromo-Chloralum" from Messrs. PURCELL, LADD & Co., diluted it one half with water; hung a cloth saturated with it, upon my gas-burner and sprinkled it freely in the closet, being satisfied that the horrid smell proceeded from a dead rat in the wall—I did this one night; upon going into my office next morning I could scarcely perceive a smell and by night it was all gone; and my parlor could be used.

I wish to mention another case in which it exhibited wonderful disinfecting properties. I had to treat a patient at our city Jail, who was a mass of syphilitic sores. The room was intolerable on account of the stench from the body of my patient. I used "Bromo-Chloralum" as you directed, and the room was free from odor; although it was months before I could heal the ulcers.

EXTRACT FROM LETTER OF JAS. A. DAVIS. M. D.

Lebanon, N. H., Dec. 28, 1873.

"My own experience of its efficacy satisfies me that the Iodo-Bromide Calcium Comp., is as much a "specific" as quinine is in intermittent fever. In a case of chronic eczema occurring in a young lady, 23 years of age, which had baffled the highest medical skill for several years; I found it to effect a complete cure, within six weeks, a similar affection developed in a child still young was promptly arrested by it, and in my own case I have fully tested its efficacy."

EXTRACT FROM LETTER FROM DR. W. R. PUTNEY. BUCKINGHAM CO., VA.

"The Bromo-Chloralum I pronounce a specific for salivation. In sore throats, diphtheria, poison oak and leucorrhœa, it is unqualified in its efficacy as a remedial agent. In all local inflamatory diseases it is unsurpassed in its healing properties."

Denver, Col., Dec. 12, 1873.

We use the Elixir Iodo-Bromide of Calcium Comp., quite largely. It gives excellent satisfaction; also the Bromo-Chloralum for a disinfectant. In fact the last is a standard article here. Yours,

A. STEDMAN.

PRACTICE FOR SALE.

A house, lot, &c., situated in Pine Flat, Indiana Co., fourteen miles east of Indiana (county seat) on the located route of the Homer, Cherry Tree and Susquehanna Rail Road. Splendid location and practice, also a fine opening for a Drug Store. For further particulars—Terms reasonable.

Address

A. H. ARMSTRONG, M. D.

Pine Flat, Ind. Co., Pa.

TO PHYSICIANS.

I will sell a desirable property and lucrative practice to any competent physician whom I can recommend to my patrons. This is a flourishing Town with a good country surrounding it on the Ohio River. Address P. M. Crown City, Gallia Co., Ohio.

☞Correspondents will oblige us by writing plainly their *names, Town, County and State.* We are frequently unable to answer letters because these are omitted.

THE

Journal of Materia Medica

DEVOTED TO

Materia Medica, Pharmacy and Chemistry.

Vol. 13.] FEBRUARY, 1874. [No. 2.

Communications.

CITRUS AURANTIUM,
(*Orange Peel.*)

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Aurantiaceæ.

In the Linnean, or sexual system, this plant is located in Class *Polyandria* and in Order, *Monogynia.* Some Botanists put this plant into Class *Polydelphia*, and Order *Icosandria.*

GENERIC CHARACTER.—Calyx 5-cleft; petals 5, oblong; filaments dilated at the base, in several parcels; berry 9 to 18 celled—Polyadelphous.

SPECIFIC CHARACTER.—(Flowers white). Leaves oval, acuminate, with the petioles winged margined.

Citrus Bigaradia. The *Seville*, or Bitter Orange. Fruit, sour and bitterish, leaves studded with vesicles containing an essential oil, and have a bitter aromatic taste, elliptical, acute or acuminate, slightly toothed, petiole more or less winged. There are innumerable varieties of oranges in China, as well as in other parts of Asia, also, in South America, West Indies, and in the southern part of Europe.

HABITAT.—The orange is a native of Asia. The Seville, or bitter orange is cultivated in Europe.

MEDICAL PROPERTIES AND ACTION.—The rind of the fruit of both the sweet and bitter orange is aromatic, bitter, stomachic, and tonic, and forms an agreeable adjunct to other tonics.

The oil distilled from the flowers, known as the oil of Neroli, is stimulant and anti-spasmodic. The water obtained from the flowers by distillation (Aurantii Floris Aqua, Orange-flower Water) has the same properties as the oil, only in a minor degree. The juice of the Orange is refrigerant, containing a large proportion of Citric Acid; but it is of less efficacy than Lemon-juice. (WARING).

HISTORY.—Dr. Stillé, in giving the history of this agent, states: —"The orange tree is a native of Eastern Asia, but was introduced into the Levantine countries early in the Christian era, and into Spain by JUAN DE CASTRO, in 1520, It was thence transplanted to the West Indies and the adjacent portions of the American Continent.

Orange-peel was employed as a remedy by the Arabian physicians, by whom it was reputed to be stimulating, an excellent remedy for colic, and also for intestinal worms."

An English Author observes that the Orange has long maintained a very respectable place in the materia medica. The kind principally employed in medicine, says our author, "is the Seville Orange, the juice of which is well known to be a grateful acid liquor, which by allaying heat, quenching thirst, and promoting various excretions, proves of considerable use in febrile and in flammatory disorders; it is also considered as a powerful antiseptic, and of great efficacy in preventing and curing the scurvy; the juice of the China or common Orange possesses the same qualities in an inferior degree. "Our author continues:"—The acid of Oranges, by uniting with the bile, is said to take off its bitterness; and hence Dr. CULLEN thinks it probable, that acid fruits taken in, are often useful in obviating the disorders that might arise from the redundancy of bile, and perhaps from the acrid quality of it, he adds, on the other hand, however, if the acids be in greater quantity than can be properly corrected by the bile present, they seem by some union with that fluid, to acquire a purgative quality that gives a diarrhœa, and the colic pains that are ready to accompany the operation of every purgative. Not

only the juice, but the rind or peel, of the Seville Orange, is of considerable medical efficacy; since, besides its use as a stomachic, it has been much celebrated in intermittent fevers; and in testimony of its efficacy in the most agues, we find several authorities cited by Professor MURRAY; it has also been experienced as a powerful remedy in menorrhagia, and in immoderate uterine evacuations; and for its good effects in these disorders, we have not only the assertions of foreign physicians, but also those of Drs. WHYTT and HAMILTON. It gives out its taste and flavor readily to water, is usetul in all flatulencies, in whatever form it be given, and also sits better on the stomach than most corroborants. The leaves of the Orange are not without their virtues, and have, like the flowers, been particularly celebrated in convulsive disorders, and successfully given in the dose of a drachm at a time, in nervous and hysterical cases."

OFFIC. PREP. OF THE PEEL. (Cortex Aurantii).

1. Infusion Aurantii, (Bitter Orange-Peel - oz. ss;
   Boiling Distilled Water - - - - fl. oz. x.
   Infuse fifteen minutes). Dose, fl. oz. j--fl. oz ij.
2. Syrupus Aurantii. (Tinct. Orange-peel, fl. oz. ji.
   Syrup - - - - - - - - fl. oz. vij).
   Dose, fl. dr. j fl. drs. ij.
3. Tinctura Aurantii. (Bitter Orange-peel, fl. oz. ji.
   Proof Spirit, - - - - - - - Oj.
   Prepared by maceration and percolation).
   Dose, fl. dram, j.--fl. drs. ij.

Of the Orange Flower Water (Aqua Floris Aurantii.

Syrupus Aurantii Floris (Orange Flower water,) fl. oz. viij.
Refined Sugar - - - - - - - lb. iij.
Distilled Water - - - - - - - fl. oz. xvj.
or a sufficiency to make the product lb. ivss. Dose, fl. drm. j.--fl. drs. ij.

Dose of Aqua Aurantii Floris, fl. oz. j--fl. oz. ij.

THERAPEUTIC EMPLOYMENT.

Hysteria.—The essential oil has been employed with success as a remedy for hysterical and other nervous affections.

Dr. WARING observes:—"*In Hysteria and Nervous Affections,*

Orange Flower Water is highly esteemed in France, and is given in doses of fl. oz. j.--fl. oz. ij. to produce a stimulant and anti-spasmodic effect."

Dr. PORCHER states:—"The leaves have been employed by some practitioners as a remedy in many nervous disorders, and are said to have proved beneficial in epilepsy and chorea. They are aromatic and feebly bitter, and contain a fragrant volatile oil, which is procured on distillation, principally employed by perfumers. The flowers are much more celebrated as remedial agents, in substance, but more especially in their distilled water. Orange-flower water, as it is termed, has a very agreeable odor, but less powerful than that of the flowers themselves, and is in general use in Europe as an anti-spasmodic, and is considered to possess much power; its use in this country is limited, but is becoming more extended; although not endowed with the active qualities ascribed to it, it forms a very pleasant drink to the sick, and exercises a soothing influence when the nervous system is unduly excited." The essential oil, the Orange-Flower Water, or the decoction of the leaves administered in conjunction with the compound tincture of Lavender will be found beneficial in many cases of hysteria.

Febrile and Inflammatory Diseases.—"Dr. WARING remarks:—"In *Febrile and Inflammatory Diseases*, an agreeable refrigerant drink is made, by diluting the juice of the common Orange with water, and sweetening to the taste; or the pulp of the fruit sucked is not only refreshing but beneficial."

Whatever the treatment, in most cases of fever a moderate supply of the juice of the Orange will prove both grateful and advantageous.

Scurvy.—In this malady Oranges prove highly useful. Most of the more succulent and acidulous vegetables, plants, and fruits, when fresh, will be found beneficial; also a decoction of the tops, or green bark of pine, or spruce trees used freely as a beverage. Oranges in conjunction with Nitrate of Potash, will meet with a favorable response in the treatment of many cases. Dr WARING remarks:—"*In Scurvy*, the Nitrate, in common with the other salts of Potash, exercises a powerful influence.

Dr. CAMERON, R. N., strongly recommends the Nitrate, in ʒj.

doses; Vinegar at the same time being used as a drink. Dr. GARROD endeavors to explain its efficacy on the ground that the Salts of Potash are deficient in the blood of scorbutic patients; but the theory has been stated by other observers to be untenable, no such deficiency having been proved to exist. The Carbonate (gr. xij–gr. xx.) is preferred by some; but I have generally found the Nitrate (much more easily procured in the tropics) answer all the indications required. Should this or the other Salts of Potash, not be obtainable, as is in the case of prolonged sieges or long voyages, I would suggest the employment of *Gunpowder*, which, from the large percentage of Nitre which it contains, would doubtless prove an efficient anti-scorbutic. It has proved successful in the hands of Dr. A. HENDERSON; and Dr. STRATTON justly observes, that any medicinal qualities which it possesses cannot be too well remembered, as in military and naval practice it is always to be obtained, when medicines cannot be procured.

Dyspepsia.—Dr. WARING makes favorable mention of the employment of Orange-peel in this protean malady. He says, in Dyspepsia, the infusion, or tincture is an elegant and efficacious tonic and mild stimulant. It will often be retained when the stomach rejects other medicines. Mild remedies are far more essential in some diseases than heroic ones. This is eminently true in the treatment of most cases of indigestion. Relative to this subject, the words of a very celebrated medical Author might be deemed apposit:—"Weak medicines are in fact much oftener needed than strong ones. The man who travels with no smaller money than eagles will be perpetually embarrassed for the want of cents. Just so it would be with the physician who has nothing but what it is the fashion at present to call Herculean medicines. It would be necessary for him to be exceedingly dextrous to avoid doing injury rather than rendering service. By all means let the practitioner of medicine have at his command a large catalogue of moderate as well as powerful articles, for he will much oftener need the former than the latter."

Epilepsy.—Dr. F. P. PORCHER, of Charleston, remarks that the leaves of the Orange tree have been employed by some practitioners as a remedy in many nervous disorders, and are said to have proved beneficial in epilepsy.—It might be serviceable in this

malady, when using this agent, to have recourse to dry-cupping at the nape of the neck, between the shoulders, and below the clavicles. Dr. GRAVES states that six cups should be applied, and should be allowed to remain on for ten or fifteen minutes.

Chorea.—Dr. PORCHER observes that the leaves of the Orange are said to have proved beneficial in chorea. He says that the flowers are much more celebrated as remedial agents, in substance, but more especially in their distilled water. The duration of this malady under medication is very various—COPLAND states from two or three weeks to several months; the most common duration (he adds) being from one to two months. The shortest period of treatment, in the cases which occurred to him, was eleven days. Much depends upon the character of the complications with which it is associated. The treatment of this affection has, hitherto, been most intensely empirical. Ammoniated Copper is highly recommended in this disease. Dr. WALKER is quoted by WARING, as having found it most beneficial when its use was preceded by purgatives and other evacuants. CULLEN prescribed it in doses of gr. 1-4th, or $\frac{1}{2}$, gradually increased to gr. v. and upwards. Sulphate of Zinc is a remedy much renowned in Chorea. Any of the various preparations of Orange may be administered in conjunction with Ammoniated Copper, or with Sulphate of Zinc, to advantage. Dr. WARING makes the following remarks and quotations:—"In chorea, the Sulphate of Zinc proves highly effectual.

Dr. BABINGTON states that he has employed it in numerous cases, and that he has found it uniformly efficacious. He commences with small doses, but he found that the good effects are seldom perceptible until gr. xij. or xiv, are taken thrice daily. By gradually increasing the quantity, a single grain at a time, even larger doses than these may generally be employed, without exciting nausea, and with the best effects. "I have," he adds, "known ʒss. doses, thrice a day, taken for several weeks in succession." It cannot, however, be borne by all stomachs; when sickness occurs, it should be discontinued. In thirteen cases thus treated at GUY'S Hospital, twelve recovered. Dr. HUGHES employed it in sixty-three cases; of these, forty-five were cured, two relieved, and sixteen received no benefit. The dose employed

was small at first, and gradually increased until gr. xxxvj. were taken, thrice daily. It caused no sickness. Other cases have been successfully treated by Drs. ADDISON and BARLOW, Dr. GOLDING BIRD believes that zinc has a peculiar and specific influence on the nervous matter. The trials by Dr. STONE * do not tend to confirm the high character given it by others."

PREPARATIONS.

Fluid Extract - - - Dose, ½ to 2 Drams.

TINCTURE OF ORANGE PEEL.

Fluid Extract - - Three and a half Ounces.
Diluted Alcohol - - - - Two Pints.

Used principally as an addition to infusions decoctions, &c.

SYRUP OF ORANGE PEEL.

Fluid Extract - - - - Two Ounces.
Syrup - - - - - Fourteen Ounces.

Used mainly as an agreeable drink, mixed with water.

MIXTURE OF ORANGE-PEEL.

Fluid Extract of Orange Peel - Half Dram.
" " Canella - - - " "
" " Colombo - - - " "
Syrup - - - - One and a half Ounces.

Dose—One to three drams in habitual diarrhœa.

CONCERNING VACCINATION.

BY DR. E. L. GRIFFIN.

FOND DU LAC, Wis., Nov. 14, 1873.

DEAR DOCTOR: Your note of the 5th inst., reached me in due time. An answer has been delayed that I might send you a package of fresh *cow-pox points*. The *crust* I sent you was fresh, and I thought as good as it could be. The quite large proportion of failures which you report somewhat surprised me. The solution of the difficulty may be this. From a careful observation of the matter, my own mind has reached these conclusions:

1. That cow-pox virus is not readily absorbed into the human system.

*Medical Times, Sept. 17, 1859.

2. That it is less readily absorbed, and consequently it is more difficult to make a success in the case of quite young children than in older ones or adults.

3. The crust, however perfect and typical, is not so reliable as the fresh points, when used early.

Again, I have sometimes thought that many failed in consequence of not using a sufficient amount of the virus. The *paste* needs to be put on very thick and well worked into the scarified surface, and well dried in also. The very common practice of *pocketing* a small bit of moistened crust, I think very generally ensures a failure. The *virulent granule* being so thoroughly enveloped in dried animal matter, needs to be set free by having the crust well moistened and thoroughly crushed, and worked into a thick, ropy paste. Always having on hand an abundant supply of points, I very seldom use the crust. I generally use both sides of the charged surface on a single scarification, although a single point is supposed to carry lymph sufficient for two or three insertions, or one child. My average of failures is about two in ten, and I am well satisfied with that result. It is said that when Du Paul commenced with the present stock—the Beaugency stock—in 1866, he failed twelve times out of thirteen. The percentage of failures in the hands of the most experienced vaccinators, with virgin lymph, is far greater than with humanized first removes.

I send you a *first remove* crust from a healthy child, fresh, but not so fully typical as I could wish. Use this in your usual way on your youngest children, and you will hardly fail, I think. The points I send use early, and upon the older cases. Scarify thus [redacted] in three places very lightly, so as to draw as little blood as possible. Be sure that you thoroughly, but very lightly, break up the cuticle. Take time; haste and want of care doom many to a failure. Should any blood follow the scratches, wait until it ceases to flow, then wipe off with a wet napkin, and secure a clean, bloodless, abraded surface. Upon this surface, slightly opened by grasping the arm from behind with the left hand, rub the lymph. The exuded serum is generally sufficient to moisten the lymph; if not, a *part* of a drop of water may be spread over the charged surface. Work the deposited lymph into the scarified surface quite patiently and carefully, and then dry in well before the clothing is replaced. I always make it an absolute condition that the child's arm shall be entirely freed from all clothing, shoulder-straps included, before the operation.

Allow me, Doctor, a word more. This cow-pox business is attended with many and great perplexities. In the production of it one would suppose there would be but little difficulty ; but such is not the case. Besides, it involves an amount of labor that, in its nature, is by no means agreeable or desirable to a physician in full practice. There may be money in it, but that result, so very desirable in these stringent times, is not a very large factor in my experience. I have this desire in the matter, and am at work to reach this result. I have this conviction, that in the use of the old humanized virus we, as a profession, have been promising our patrons and the community a degree of protection which we were not giving. I wish to get rid entirely of this old stock, and bring *all* the members of our profession in the West to the original and vigorous virgin stock. I do not mean by this that we should all resort to the exclusive and general use of the bovine lymph, for that would be impracticable ; besides, I think that *carefully selected removes*, up to as high as the tenth or twelfth from the heifer, give equal protection, while they are more accessible and far cheaper.

Suppose, for example, you succeed with the points on good, healthy children, and produce some good typical results—first remove—now you have got a start, and you can, by a little care, perpetuate this, using only the most typical results, or what is better, where it can be done, practising arm to arm vaccination, taking the virus from the vesicle on the ninth day, and immediately inserting it on the point of a lancet into another child. Here you have got a thing that you can rely upon and have confidence in also. You know exactly through what families it has run, and can speak with the greatest assurance to your patrons, while the results obtained will greatly please and interest your own mind. This should be done in a time of quiet, and in the absence of a small pox epidemic. In this way you would *always* be ready, with the very best material, for any emergency. Crusts can be kept good and reliable by burying them, in an open mouthed bottle, in *Burnt Alum*, well and securely corked. This possesses, better than anything I know of, the property of nonabsorption of moisture.

I believe, Doctor, we have need to study anew, and more thoroughly the whole subject of vaccination. The available literature upon the subject, aside from what is found in scraps in our medical journals, in this country, is absolutely nothing. The subject

should stand first in that class called by the general term "*State Medicine,*" and should receive the careful study and thought of all State Boards of Health.—*Norrhwestern Medical and Surgical Journal.*

SCARLET FEVER—TREATMENT.

Dr. T. W. Egbert, of Oil City (*Trans. Pa. State Med. Soc.*), reports, that in an epidemic in that place, he treated as follows: "I discard the varieties as designated by our authorities, believing scarlet fever to be one and the same disease, in all places and under all circumsta ces; modified, of course, by atmospheric, hygienic, and other known and unknown influences. My treatment, from the beginning to the end of the epidemic, has been uniform, simple, and, no doubt, novel to many practitioners; but successful results will always speak for themselves. From the incipiency of the epidemic until this time, I have treated, as near as I can glean from my record, two hundred and seventy cases, with but a *single* death; and in that case, as Dr. Davis can testify, my directions were reversed by the nurse, who applied hot, instead of cold, applications to the throat. From the incipiency of the disease until the desquamation is perfect, I prescribe for the patient the following mixture:

"℞.	Acid. muriatic	f ʒ j.	
	Syr. simplicis	f ℥ ij.	
	Potass. chloratis	ʒ iij.	
	Aquæ rosæ	f ℥ iv.	Mix.

"Sig. Half tablespoonful every two hours.

"The dose designated in the above prescription would be for a child six years of age, double the amount necessary for an adult, and smaller quantities for a younger child. Where there is much restlessness and nervous irritability, I administer paregoric in sufficient quantities to soothe the patient and allay those symptoms. I have not found it necessary, in a single instance, to use gargles, probings, or the pencil to the *fauces* or throat. In one case, that of a male adult, æt. twenty-four years, married; confined to his bed with the characteristic scarlet blush making its appearance on the face and neck; general symptoms all present in an aggravated form. Prescribed as follows:

"℞. Acid. muriatic..... f ʒ ij.
Syr. simplicis..... f ℥ iij.
Potas. chloratis ..... f ʒ iv.
Tr. opii camph..... f ℥ j.
Aquæ rosæ ..... f ℥ iv. Mix.

"Sig. Tablespoonful every two, three, or four hours.

"This was the principal treatment until the twelfth day, when the febrile symptoms had all subsided and desquamation well advanced; with the exception of simple tonics, continued for ten days or two weeks longer, this was the entire treatment of this case, and in sixteen days from the first appearance of the blush, he was at his office attending to his ordinary business, being an oil broker. The reader can judge of the severity of this case and the efficacy of the treatment, when I state that there were no bad *sequelæ*, except perfect *onychoptosis* of both hands and feet. In a few cases where there was much congestion about the *fauces* and throat, ulceration of *uvula* and *fauces*, and enlargement and induration of the parotid and submaxillary glands, I found it necessary to use the ice-bag, applied snugly to the throat and neck until relief was obtained, which was generally from six to twenty-four hours, being careful not to freeze parts by continuous application too long a time".—*Southern Medical Record.*

CEREBRO-SPINAL MENINGITIS.

Doctor G. S. Mitchell (Medical Examiner, May 15th, 1873), writes: "In all cases where there are reasons to believe that the stomach and bowels are loaded with food, or an excess of bilious matter, I give a mild emeto-cathartic of calomel and ipecac, aa. ten to fifteen grains, and repeat in twenty or thirty minutes if emesis is not produced. If this does not produce purgation in a short time, give an injection of soap-suds. Whilst this is being given, apply extensively and repeatedly mustard to the whole length of the back, to the extremities, chest and abdomen. These should be continued till the muscular contraction and delirium are relieved. Blisters act too slowly, and appear to increase the irritability. They may be used to better purpose after all the active symptoms pass off.

Immediately after the action of the emetic I give, to a patient twelve years old, the following:

℞. Sulph. quinia..... grs. iii. to iv.;
Sulph. Doveri .... grs. vi. to viii.;
Sulph. morphia ..... gr. ⅛.;
Calomel ..... grs. iii.;

every two, three or four hours, according to effect upon the pulse, and restless condition of the patient. If there are no muscular contractions, and a tendency to coma or stupor, I omit the morphia. Between each dose I give the following:

℞. Elixir valerian ammonia..... ʒ i.
Bromide potassii..... grs. iii. to iv.
Tinct. gelsemium..... gtt. xx. to xxx.
Carbolic acid ..... gtt. iii.

The doses of these remedies must be regulated according to their effects upon the patient. The pulse must be brought up full and strong, tbe muscular contraction and excessive irritability must be controlled. Quinia alone will not answer; neither will sedatives and opiates. I give carbolic acid for its antiseptic effects. To withhold quinia and stimulants because the pulse may be from 80 to 110, and to withhold nervous and arterial sedatives because the pulse is below that point, is dangerous. Whiskey may be used in the early stage, as a nerve excitant, to aid in effecting reaction; further than this its use is dangerous, because it increases the irritability and delirium. It may possibly act as an antiseptic in the course of the disease. After producing one evacuation of the bowels, keep them controlled for 48 honrs or longer—(an excessive run upon the bowels, the first two days, will tend to fatal results)—continuing the calomel in small doses, with a view to its constitutional effects. This will be a safeguard to effusion upon the membranes of the brain, if there should be such a tendency. The application of boiled ears of corn to the patient's body, if not used too extensively, will assist in relieving muscular contraction, and supplying the body with heat. It is too much of a depletory remedy to be used extensively. The application of dry heat is much better. After reaction has fully taken place, and the violent cerebro spinal symptoms are relieved, I give the following:

℞. Tinct. colchicum .....
Fl. ext. ergot..... } aa. ss.,
Iodide potassi..... grs. iv.,

as a remedy for the rheumatic complication, still continuing the other remedies as long as there are any cerebro-spinal symptoms.

After the violent symptoms have passed off, the patients are left in a prostrate and debilitated condition, for which I have used with decided benefit, elixir calisaya bark, with strychnia, hypophosphite, iron, lime, soda and potassa, aa. one drachm, three or four times a day. They produce a decided vitalizing effect."

TOPICAL REMEDIES IN DISEASES OF THE THROAT, NOSE AND EAR.

On this subject, Dr. Thos. F. RUMBOLT, of St. Louis, writes as follows, in the *American Practitioner:*

The usual solution of common table-salt—one drachm to the pint of warm water—I have found on the whole to be the best agent for mere cleansing of the nasal cavities. When the secretions are abundant the solution may be applied in spray or by the catheter nasal douche; but whichever mode is adopted the work of cleansing must be *thoroughly done.* This is essential. The salt solution, however, is a cleanser only; it does not deodorize. Where ozena is present a solution of Bromo-Chloralum, of a strength varying from two drachms to an ounce to a pint of tepid water, used by means of the catheter nasal douche, as often as may be necessary to correct fetor, is perhaps the best application. The most offensive case is usually relieved by it, at least for a time.

For four years past I have given carbolic acid the first place among local measures for the treatment of both acute and chronic inflammations of the mucous membranes of the cavities under consideration. I use it as follows:

℞ Crys. carb. acid ..... ʒj-ʒij.
Glycerin ..... ʒj.
Water ..... ʒvij. M.

Throw on the diseased parts, by the spray apparatus, from half a drachm to two drachms of this solution every other day, or daily if necessary to control the secretion. If the nasal douche be used, the carbolic acid must be in only one-fourth or thereabouts of the quantity given above, or of a strength which when applied will produce but a slight smarting sensation, lasting for a few moments only, and should, if properly used, be followed by an evident sense

of relief. At the suggestion of my friend, Dr, Wm. S. Edgar, of this city, I began using a year ago a solution of the extract of pinus canadensis in such chronic cases of disease of the cavities under consideration as were attended by excessive secretion. 'By adding half a drachm to two drachms of the sol. ext. of pinus canadensis to eight ounces of the carbolic acid mixture, I have obtained a very valuable combination where an astringent and local tonic were required. The fluid extract of geranium maculatum, when one drachm is mixed with eight ounces of the carbolic acid solution, constitutes an efficient astringent, but should be dispensed with as soon as the secretion has been controlled. The tincture of calendula officinalis, one ounce to eight ounces of the carbolic acid solution, is useful in certain cases of subacute catarrh of the pharynx and pharyngonasal nasal cavity. The tincture of aconite root, half a drachm to eight ounces of the carbolic acid solution, I have found useful in pharyngitis accompanied by great pain, but without much swelling or secretion—cases of local hyperesthesia. As soon, however. as the pain ceases the aconite should be omitted, lest it produce unpleasant constitutional effects. The muriate of ammonia (one drachm to eight ounces of water) is especially valuable in cases attended by a varicose condition of the vessels of the pharynx and larynx, attended either by copious secretion or the reverse, a dry and glazed condition. The remedy should be suspended as soon as the secretions of the parts are regulated; as I have seen it develop new throat troubles when too long continued. Chlorate of potash has not in my hands sustained its reputation in the treatment of the nasal and pharyngeal diseases. It sometimes yields good results in acute states, unattended by much swelling, but accompanied by excessive secretion. But it is not only of no benefit where ulceration is present, but it is positively injurious. The sulphate of copper (fifteen to twenty grains to one ounce of water) I regard as superior to nitrate of silver in favoring healthy granulation in phagedenic ulceration; but previous to its application with a brush or sponge the parts should be thoroughly cleansed with the spray of muriate of ammonia; the carbolic acid spray should subsequently be used in order to allay the pain produced by the blue stone.

ON THE THERAPEUTICAL USES OF GALVANISM.

BY DR. SAMUEL WILKS, F. R. S.

It must be generally admitted that the therapeutical uses of galvanism have received a fresh impulse since the introduction of the continuous current into practice. Until a few years ago the only method in use, except frictional electricity, was that of faradization. This was sometimes beneficial, but as often quite valueless, so that galvanism was either indiscriminately recommended in all forms of paralysis, or was systematically neglected. A very different feeling, however, prevails at the present time, for we are beginning to discern in what cases faradization is useful, and in what cases it fails; more particularly has it been noticed that it is in those very cases where faradization has been useless that the continuous battery current has been so fruitful of results. We some years ago introduced into our electrifying room a large battery, in which any number of cells up to one-hundred could be combined, and with this instrument we have witnessed a success in many cases which scarcely could have been anticipated. We have a large number of patients daily being operated upon, and two or three attendants constantly employed either in the room or in the wards. It has not yet been satisfactorily determined why one form of galvanism should fail to stimulate a muscle and be useless as a remedy, while another form excites it to contraction and is curative. This may be dependent upon the condition of the muscle or of the nerve which supplies it, or the centre whence the nerve springs; at the present time the facts themselves are not sufficiently established, but when they are so we shall be able to use them as a means of diagnosis. All I shall attempt to do here will be to state some of the facts we have observed, and thus offer a small contribution towards the material out of which some more important conclusions may be eventually framed.

In the first place, we had no sooner possessed our battery than we discovered its marked value in cases of simple paralysis of the limb. In these cases faradization often fails to produce the slightest effect, whereas the application of the continuous current immediately excites the muscles to contraction, and eventually brings about a cure. A good case of the kind I give below. Then, again, in various forms of paraplegia, its good effects have

been most striking. As I have before said, it is most difficult to ascertain, in various forms of paralysis, whether an organic disease of the cord exists or not, seeing that all the symptoms which attend it may occur in the case which is functional and curable, and therefore it is true that galvanism has been used in many cases and failed; but, on the other hand, we have had a variety of cases which may be included under the term paraplegia, where a complete cure has been effected by applying the current to the back. In some cases of locomotor ataxy I have witnessed perfect recovery, both in hospital and private practice; also in cases of commencing progressive muscular atrophy. In paralysis agitans I never saw much good done by faradization or any other remedy, but in a case I mention below it appeared as if much benefit might accrue from the use of a continuous galvanic current down the spine. In no case is the effect of the continuous current to the limb so remarkable as in the atrophic paralysis from lead, two examples of which I shall presently relate. The fact has now for some time been observed that the muscles in this affection are not susceptible to the interrupted current or faradization—that a painful amount of it may be used, and yet there shall be no response on the part of the muscle. I have had several cases in the hospital which completely establish the fact. On the other hand, if the continuous battery current is used, even in a mild degree, excitation immediately occurs; that is, when the current is completed and again broken.

In the very first case on which I experimented, some years ago, we found, in the case of a young man suffering from lead paralysis, that whereas no irritation of muscle could be displayed by the magneto-electric machine, immediate contraction took place on the application of fifteen cells of the battery—an amount which produced a scarcely perceptible effect on the arm of a healthy student.

It is observed that as the cure progresses so the susceptibility to the continuous current becomes less, and that to faradization greater, until, as in the healthy subject, both forms cause contraction of the muscles. The case of lead is very striking, because there are kinds of paralysis in which the two forms of galvanism act in the opposite manner; thus, lying in a bed near that of our patient, who was the victim of lead-poisoning, was a girl suffering from old-standing spinal paraplegia; in her case the

continuous current produced not the slightest effect in stimulating the muscles of the leg, while faradization produced strong and painful contractions of the muscles. The same occurred in a man who had long been bed-ridden with an incurable paraplegia. It has been thought that faradization acts directly upon the muscle to stimulate it, while the continuous current acts through the nerve. This has by no means been proved, but if it had it might be used as an argument that in lead poisoning it is the muscular rather than the nervous system which is affected by the metal. Such an opinion, however, is not borne out by experience, seeing that the whole cerebro spinal centres may become atrophied in plumbism, as evidenced by epilepsy, general paralysis, or dementia. The atrophy resulting from lead differs from that which is called idiopathic in this respect, that although in the two cases no difference is observable in the form of wasting, yet in the latter there is very little susceptibility to either form of galvanism. It has been suggested by Dr. Russell Reynolds that there is no essential difference between the primary and the induced current, but that the simple interruption in the one case is sufficient to account for its peculiar effect—that muscles under abnormal conditions may not be able to take cognizance of a simple current passing through them, whereas they would if it were broken. If this were so, the primary battery current, if interrupted, should produce the same effect as the ordinary induced current or faradization. In one or two cases where the experiment was tried, the result did not verify the suggestion. Where, for instance, one pole was placed just below the elbow, and the other pole stroked down the arm, a contraction took place when it was lifted from the limb or again replaced. The current was then interrupted by a wheel, but exactly the same phenomena occurred, contraction on making and breaking contact, but none whatever as the sponge was stroked down the arm. With faradization, on the contrary, violent contraction took place. In this case, therefore, the difference between the two forms, even when both were made to intermit, seemed well marked. Further observations however, are required before I could give a decision on this matter, either for or against the suggestion of Dr. R. Reynolds.—*Guy's Hospital Reports.*—*Cincinnati Med. News*, October, 1873.

ON THE USE OF ARSENIC FOR THE RELIEF OF ASTHMA.

BY COMEGYS PAUL, M. D., OF PHILADELPHIA.

My attention has been directed to the means of relief or the curability of asthma for several years, during which it has been my privilege to observe numerous cases, both at Charity Hospital and in private practice, which I have watched with a peculiar interest. A thorough sympathy for this class of unfortunates has induced me to make experiment of nearly all the drugs recommended by good authorities. The beneficial effects of many of them are confined to a limited number of sufferers. Some certainly afford palliation, imperfect though it may be, while few can be said to exercise any influence for good after the exacerbation has passed. As a prophylactic no particular remedy can be confidently recommended; but from my own experience, I am able to advocate the use of *arsenic* as affording more satisfaction than any one drug that I have made trial of; indeed, I am inclined to think that it is the remedy "*par excellence*," not only for the mitigation of spasmodic asthma, but also, as a reliable prophylactic.

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It will not be denied that pure uncomplicated asthma, as distinguished from emphysema and dyspnœa, resulting from cardiac diseases, is occasioned by the spasmodic contraction of the muscular fibres of the smaller bronchial tubes, diminishing their calibre, and forming a mechanical obstruction to the pulmonary respiration. From the absence of anatomical lesions after death, and from the suddenness of the attack and its quick subsidence, we know that it is not of an inflammatory nature, and are led with much certainty to regard it of purely nervous origin. Therefore, when it is not connected with bronchitis, should we not, with much reason, rely entirely upon drugs which are known to affect the nervous centres? If we except cases caused by indigestion, I am confident that arsenic, properly given, will afford much relief. We are convinced of its action upon the nerves by their diminished susceptibility to the influence of galvanism. This specific power is also inferred from the impaired sensibility of the extremities, trembling of the limbs, and symptoms of paralysis. Of its influence upon the respiration, its power of diminishing reflex

Surgical Observations with Cases (J. Mason Warren), pp. 472-75.

irritability and increasing lung-power, enabling those addicted to its use to undergo fatigue from over-exertion, such as rapid locomotion or climbing a steep hill, without "loss of breath," we have abundant evidence. That it has a direct control over the nerve supply of the smaller bronchi, I will endeavour to show further on by citing cases that came under my own observation. The peculiar excellence of belladonna as a sedative in asthma, I believe to be similar in its action to that of arsenic, by its diminution of reflex irritability; for which property Dr. Hyde Salter has so highly recommended it. Arsenic is superior to belladonna in this respect, because of its more lasting effect, and the absence of the disagreeable symptoms produced by the vegetable sedative, such as impaired vision and dryness of the throat. *

The reason that arsenic has not become more established as an efficient agent for the relief of the great majority of uncomplicated cases of this disease, is because of a want of persistence in its administration, until very apparent signs of a constitutional effect are produced. To be efficacious it must be pushed until it gives decided evidence of its presence in the patient's system. Iodide of potassium will not influence an obstinate case of specific or sub-acute rheumatism, unless we give quantities sufficient to produce the condition known as iodism; nor will quinia cure malarial disease if its presence is not shown by sensations peculiar to its therapeutic action. How then can we expect benefit from the use of *arsenic* in any of its forms unless it is *thoroughly* tried? The remedy suitable to the majority of cases I believe to be *arsenic*, and from my pleasant experience with it, I am now induced to bring it again before the notice of the profession, and to solicit for it a fair trial. My success in cases of ordinary asthma, and even in cases which at first might seem intractable, has been so convincing to myself, that I now place it first in importance upon the list of remedies. I have seen it relieve sufferers after all the other recognized drugs have failed. Cases that did not yield in the beginning have done so by a continuation of its use, assisted by medicine to counteract indigestion, bronchitis, etc. I have arrested an excessive dyspnœa, resulting from an aggravated attack of asthma, almost instantaneously by the use of Fowler's solution hypodermically. By instantaneously, I mean, with the same

* That arsenic controls, to a degree, abnormal action of the motor nerves is attested by excellent authority; Dr. Meigs and Pepper, Romberg, Begbie, Flint, etc.

rapidity that a proper dose of morphia, similarly given, will relieve pain. Moreover, cases so treated have had no tendency to a recurrence of the dyspnœa for several days after the administration. The dose used in this way was generally from ten to fifteen minims. However, it is not my intention to recommend the hypodermic use of this potent agent for good or evil until it has been used in other ways, as it is sometimes accompanied with unpleasant consequences. Generally it causes a sensation of stinging pain, followed by a degree, more or less, of loss of nerve power in the immediate vicinity, which may continue from a few minutes to several hours. If this feeling keeps up for any length of time, it may cause a serous infiltration of the part and some external cutaneous congestion, but I have never known it to develop an abscess except in individuals particularly susceptible to such a result when morphia had been injected. It is but right, while mentioning these objections, to state that it has also been thus administered without any of the above disagreeable occurrences, except a trifling stinging sensation of a few minutes' duration. During an exacerbation, when stramonium, nitrate of potassa, chloroform, etc., have failed to give relief, arsenic, hypodermically administered, may be confidently tried.

As a prophylactic, the liq. potas. arsenitis should be given in five-drop doses three times a day, to be increased or diminished as symptoms may indicate. If nausea, or indigestion, or slight diarrhœa follow its use after a few days, we must be content with three drops at a time until the stomach shall begin to tolerate it better, when the dose should be increased. In all cases let a sufficient quantity be taken to fall short of producing nausea, but if diarrhœa alone should result, the dose need not be diminished, but combined with opium. This treatment should be pursued until slight pain in the head, congestion of the conjunctiva, and œdema of the lower eyelids may warn us that its physiological effects have been attained, but it should not then be abandoned, but continued in smaller quantities given with less frequency. Care should be taken that arsenic be not allowed to come in contact with an empty stomach. When taken directly after a meal, by commingling with the food it is less likely to set up a gastric irritation, and for the same reason it is more easily assimilated. When the patient is suffering at the same time with anæmia, or any wasting disease, it may be combined advantageously with the citrate of iron and quinia. Ordinary cases

of asthma will generally be influenced by this treatment in the course of three or four days. Bad cases of year's standing have commonly yielded their frequency and violence after three days, and very seldom are any entirely unbenefited after a week's exhibition. When given before the commencement of an autumnal catarrh it will often prevent its onset, and the exceeding discomfort attendant upon this form of asthma can be controlled so long as the remedy is persisted in.

Fowler's solution is perhaps the most convenient form of administering arsenic, but it is not without its objections. Its strength and efficacy are often changed by the long-standing of the preparation upon the shelves of the pharmaceutist, as is clearly evinced by the delicate metallic film that sometimes covers the sides of the bottle, and by its want of effect when given in even large doses. The taste of lavender with which the arsenite of potash solution is combined, is often unacceptable to the patient, and nausea may undoubtedly be sometimes attributed to this cause. * A fresh solution prepared without lavender should have the preference.

Not to occupy too much space, I will append only two cases as examples of the efficiency of arsenic, as I have witnessed from personal observation.

Case I.—C., aged 27 years, American, first began to suffer from asthma six years ago. Found nothing to relieve him after it became fully developed. Was frequently awakened at two or three o'clock in the morning, with excessive dyspnœa, and the attack seldom abated until after breakfast. Whenever he had bronchitis, the laboured breathing entirely unfitted him for attendance upon his ordinary occupation. He was much distressed by the great exertion required to obtain breath. He has tried iodide and bromide of potassium, stramonium, tobacco, tartar emetic, and various other remedies, with small relief. In the fall of 1872 he did not pass one night of entire rest, during the last part of August, the whole of September, and the first half of

* Thos. Hunt, F. R. C. S., Surgeon to the Western Dispensary for Diseases of the Skin, says: "Arsenic will be found, in a smaller or larger dose, to agree with every individual, provided it be properly prepared, and taken with the utmost punctuality. Young children bear it very well, and girls about the age of puberty generally bear and require larger doses than adults of either sex. The red lavender tincture, which for some foolish reason is ordered to be mixed with it, often becomes stale and nauseous, and the patient says the arsenic makes him sick. Pain in the stomach and bowels, depression of spirits, and general nervousness seldom or never occur in dispensary practice, when the patient knows nothing of the medicine he is taking."

October. He became pale, anæmic, and lost flesh. By my recommendation he began to use Fowler's solution in five-drop doses three times a day, and also a tonic of iron and quinia. Before a week had elapsed he experienced a great change. His nights were passed in almost uninterrupted sleep, and in a short time he was so entirely relieved that he said he felt as if "he could not have asthma if he wanted to." After discontinuing the medicine he only felt a slight attack at long intervals, and passed the following winter in comparative comfort, having gained in flesh and strength during the interim. In August, 1873, he was again unable to sleep, and endeavoured to get through a night by inhaling chloroform. Only transitory relief could thus be obtained, and it was often necessary to repeat the chloroformization five or six times before morning, when he would arise with a severe headache and feel much depressed during the day. Not only was he so affected by night, but he would have days in which he was totally unable to carry on a connected conversation, for want of sufficient breath. While in this condition I gave him arsenic in quantity to produce very slight nausea, and relief resulted within three days. At one time when he had not been taking medicine for several weeks, a sudden attack of dyspnœa came upon him with such power, that with difficulty he was able to walk several squares to his residence. A hypodermic injection of Fowler's solution gave him almost instant relief, and he had abundant time to become arseniated in the ordinary way, before the effect of the injection had passed. When taking arsenic he expresses himself as being entirely well, and he improves in his physical condition. Being also subject to autumnal catarrh, he has been relieved equally speedily and perfectly by this remedy. His respiration is now so good that he habitually walks six or eight miles nearly every day without inconvenience.

Case II.—Robert B., aged 25, Irish, labourer, has been in this country eight years, and during the entire period he has been a confirmed asthmatic. He is subject to aggravated attacks at any time, but he cannot say that they are more severe in the fall or at all influenced by vegetation. Has been frequently confined to his bed by them, and often was unable to remain in a recumbent position. They have very generally been accompanied with a spasmodic cough with scanty expectoration. At various times he has been under treatment, but he seems to have been but slightly relieved. October 11, he came under my care at Charity Hospital,

and was ordered Fowler's solution combined with syrup of squill. I saw him the following Wednesday, and found him much improved. He now (Nov. 12) says that "he never felt better since he has been in this country." He sleeps well, has a good appetite, and feels much stronger.—*American Journal of Medical Sciences*, January, 1874.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Diagnosis of Subacute Ovaritis.

Dr. TILT read a paper on this subject before the Obstetrical Society of London, Oct. 1, 1873. He suggested that the undervaluing of the part played by subacute ovaritis, as a source of disease in women, partly depended on the lamentable facility with which many practitioners, wherever there was pain in the ovarian region, inferred the existence of ovaritis, partly on account of the real difficulties of diagnosis, of which he gave some remarkable instances. He intimated that another reason might however, be found in the difficulty of making examination in young unmarried women. He had found that the most frequent sexual diseases during this period of life (between fifteen and twenty-five) were subacute ovaritis and inflammation of the neck of the womb. When the disorders of menstruation resisted good hygienic and medical treatment, he believed they were generally due to subacute ovaritis and cervicitis. The symptoms of cervicitis he described to be the habitual painless passing of a moderate amount of muco-purulent vaginal discharge, with habitual pain in the back; those of subacute ovaritis were constant dull pain deep in the ovarian region, much increased by firm pressure, and extending to the thigh and leg, mammary symptoms, disturbed menstruation, and hysterical phenomena. The positive sign of subacute ovaritis was the finding of an ovoid, smooth, or slightly indented lump beside the womb, or in Douglass's pouch, pressure upon which, caused by the practitioner's finger, or during coitus, caused an overpowering and sickening sensation of pain and debility. It might be necessary to confirm this diagnosis by a rectal or recto-vaginal examination. The author expressly stated that it would

sometimes occur to a practitioner making a first vaginal examination that, instead of finding any ovarian disease, as he expected, he would detect cervical disease, and in other cases subacute ovaritis would be found when the symptoms would lead him to expect cervical inflammation. He concluded by describing the line of conduct to be adopted by the surgeon for the management of each of the three classes, and sketched the treatment most likely to cure them.

Dr. Barnes thought that many ovarian symptoms had their origin in uterine displacement.

Dr. Wynn Williams concurred in Dr. Barnes's opinion. He had rarely met with a class of ovaritis without some uterine complication, unless caused by direct violence. He believed the uterine mischief preceded the ovarian, and his experience taught him that on the removal of the uterine ailment the ovarian soon subsided. The same remarks applied to the ovary as to the testicle. Orchitis was seldom met with without previous inflammation of the urethra. He had frequently relieved ovarian symptoms by introducing a stem into the uterus, and he had under his care several unmarried females wearing stems and shields who could not be persuaded to have them removed, dreading a return of their sufferings.

Dr. J. J. Philips said that his experience was that so-called subacute ovaritis was a very frequent cause of dysmenorrhœa, and he believed that this ovaritis frequently existed independently of any uterine flexion or peculiar conformation of the cervix uteri. It was very common to find a swollen, hyperæmic, probably inflamed ovary as the only evidence of disease in cases of dysmenorrhœa. the fact stated by Dr. Barnes, however, could not be controverted, that in a large class of cases dysmenorrhœa was due to uterine flexion or some uterine abnormality, and by appropriate treatment not only was the pain relieved, but also the congested state of the uterine appendages. A suitable selection of cases, was, however, important, for most of the most troublesome cases of ovaritis had their origin in mechanical interference with the neck of the uterus by incision or dilatation.—*Lancet.—Amer. Jour. of Medical Sciences*, January, 1874.

Action of Valerian in Diabetes.

Dr. Bouchard, of La Charite Hopsital, has been making a trial of valerian in diabetes. In diabetes without sugar the medicament

did not seem to diminish the quantity of urine, but azoturia was obviously amended. The quantity of urea discharged in the twenty-four hours was much diminished; it decreased from forty-five grammes (about eleven drachms) to ten grammes (two drachms and a half.) The same results were observed in diabetes mellitus. In these cases, when there existed azoturia together with glycosuria, the quantity of urea always diminished under the influence of valerian. In some cases there was less excretion of water and sugar; but these effects seemed uncertain. But decrease in the production of urea was invariable. Valerian therefore prevents denutrition, and may be considered a saving medicament (*médicament d'épargne.*). Dr. Bouchard, in respect to this latter quality, quotes the customs of various Indian tribes, among whom the warriors, during a month previous to going out to fight, make use of valerian in every shape—in baths, in frictions, and internally. They ascribe to the substance the strength and courage which they feel in going through long marches, fatigue, and privation of food. This property of valerian has been observed in arsenic and bromide of potassium. Dr. Bouchard commenced with weak doses, which he gradually increased to one ounce of extract of valerian without noticing any inconvenience. —*Lancet.*—*Amer. Jour. of Med. Sciences*, January, 1874.

Bismuth to Prevent Chafing.

I notice in the November number of the JOURNAL, in the list of "*Items*," a powder to prevent chafing in infants, composed of oxide of zinc and starch, which no doubt is a good remedy. But I beg to mention another, which I believe to be *better*, and one that long experience has taught me to value very highly. It is this: Take sub-nitrate of bismuth, in fine powder, and put in a thin flannel bag, and use as the old nurses use the old style "starch-bag" in dusting over the chafed parts, or those parts that are likely to, or have already become sore, from any cause whatever. Should the parts be too tender for the use of the powder in this way, it should be sprinkled on plentifully. The good effect will, in many instances, manifest itself very quickly after the application. I have found bismuth an excellent external remedy for raw, blistered surfaces, and many other more or less superficial ulcerated surfaces. Q. C. SMITH, M. D.

Cloverdale, Sonoma Co.—*Pacific Medical and Surgical Journal*, December, 2873.

Editorial.

ELIXIR IODO-BROMIDE CALCIUM COMPOUND IN SCROFULA.

There is no disease or class of diseases that has more engaged the attention of medical men than that known as "Scrofula." In so many cases daily brought under observation, it seems to baffle all the efforts that medical skill can bring to bear, to effect a cure and erradicate its poison from the system, conveying with it the hereditary taint.—All authorities concur in the opinion that it has its origin in the fœtal state, and that the germ of this terrible malady thus planted, is developed in after life by insufficient or improper regimen, exposure to impure or vitiated air; or by careless neglect of the simplest rules of hygiene. It may remain dormant in the system for years in the absence of the requisite exciting causes, such as perhaps dissipated habits; insufficient nutrition, vesication, or some prolonged and prostrating illness. It will manifest itself sooner or later, and all experience teaches us that it is at once the most insidious and the most difficult to treat successfully, of all the "ills that flesh is heir to." Scrofula has been differently defined by different authors. Some define it to consist essentially of inflammation of the lymphatic ganglion, especially of the neck, as for instance by Dr. A. FLINT, who says:

A tuberculous deposit, within the lymphatic glands, especially the superficial glands of the neck, characterizes the affection called *scrofula* or scrofulosis. A truly scrofulous deposit is, in fact, identical with the tuberculous. And in the progress of the scrofulous affection of the glands of the neck, we have represented the natural history of the tuberculous exudations in other situations. The deposit remains in these glands for an indefinite period, apparently in a quiescent state, and it may be removed by absorption, but if not absorbed, softening occurs with little or no inflammation, ulceration of the integument ensues, and the liquified product is disgorged. Finally after a variable period, cicatrization takes place, leaving an irregular, puckered scar. The same series of events may take place in the bronchial glands, giving rise to what has been called *bronchial phthisis;* and essentially, the same series occurs in pulmonary tuberculosis.

It again has been defined a morbid condition of the whole system of nutrition and hence ought to be classed amongst the cachexiæ—the inflammation and enlargement of the glands, like the eruption in variola rubeola, &c., being merely the attendant phenomena.

The internal organs are apt to be attacked, in those of a scrofulous diathesis; and hence, they are often the subjects of phthisis and me-enteric affections and a legionic multitude of distressing maladies, which too often from the very moment of germination, to that of termination of existence, go on apparently unchecked, in their destructive and painful

work, defiantly resisting the influence of every remedy that may be called into requisition. Adopting the theory that scrofulosis is a peculiar morbid condition of the whole system of nutrition, and recognizing the aggravating part it may place in the whole category of diseases, acute and chronic; not only are we directed to constitutional treatment in the management of scrofulous parts, but as well in our efforts to combat almost every type of sickness in a strumous subject. Bearing in mind the fact that the different conditions of those "afflicted with this disease, necessitate different methods of treatment; all cases demand the employment of those true means which tend to communicate vigour to the constitution and which increase that power of resisting the occasional cause of disease and repairing the injuries of the frame, a power which it is the remarkable characteristic of the scrofulous constitution, to be devoid of, or to possess, in a very imperfect degree." And I believe that no single remedy, or combination of remedies, which the chemist has prepared for our use, possesses this anti-scrofulous power to so preëminent a degree as the "Elixir Iodo-Bromide of Calcium Comp.

I have now used the Elixir Iodo for more than three years, and have found it by far the most efficacious of any remedies which I have heretofore been in the habit of prescribing in strumous affections and strumous complications. But immediate results must not be expected; it is only by long perseverance that the accomplishment of the desired object ordinarily can be obtained, even when the attainment of that object lies within the reach of the "Iodo." In the fall prior to its introduction to the Profession, it was submitted to me for trial, the results of which were so exceedingly gratifying as to induce me at once to give it more extended use, which has convinced me that it possesses no ordinary anti-strumous properties.

The test, to which I then subjected it, was caries of the femur and tibia, of long standing in an anæmic subject of feeble and attenuated frame, a case which had been treated to no effect, by both ferruginous tonics, stomachics and alteratives, and which was regarded perhaps hopelessly incurable. Under the use of this Elixir an improvement at once manifested itself, and uninterruptedly progressed until a complete cure was effected. Subsequently I prescribed it in a similar case, with very similar results.

While the management of scrofulous patients in respect of air, exercise, clothing, diet, as well as medicinal agents must be varied to meet the exigencies of each individual case, there is conceded to be one constitutional course of treatment for all cases. Iodine and the Iodides have been vaunted for this purpose, and the practice of every physician of the present day, corroborates the testimony adduced by referring to the past and confirms beyond a doubt the theory of our acknowledged teachers. Bromine and the Bromides have all been largely used with very beneficial results, while Conium at one time obtained considerable celebrity for its anti-strumous virtues.

In the Elixir Iodo-Bromide of Calcium Compound, we have all these *candid* agents combined in an alterative and palatable Elixir, rarely ob-

noxious even to the most delicate stomach. Iron, Iodine, Bromine and Chlorine enter into it as do also Potassium, Sodium, Magnesium and Lime, and several valuable alteratives which compose the Sarsaparilla Comp., as prepared by Messrs. Tilden & Co. Theory certainly must give this "Comp." a preference over any one of its constituents, and as far as my observation has extended, practice demonstrates the truth of that theory, and I have no hesitation in recommending it to the Profession as an invaluable anti-strumous agent, one capable of reaching cases positively beyond the influence of any other single remedy. I will here give an epitome of a few cases in which I have successfully used it, all of which are subjects of a scrofulous diathesis.

CASE I. *Scrofulous Induration of the nose*—Situated in the right naris; twelve months standing; so large as to disfigure the face, accompanied with intolerable burning and itching sensations; had obstinately resisted every method of medication (which were manifold) to which she had been subjected, and which I learned combine both discutient topics and alterative.

Prescribed.

℞ Elixir Iodo-Bromide of Calcium Comp.....Oj.

S.

Take one teaspoonful, one hour before each meal, in half a wine-glass of water—after one week increase the dose to two teaspoonfuls. This was sufficient to effect a cure, which I shall pronounce permanent, inasmuch as there has been no return of her difficulty since its disappearance, more than two years since.

CASE II. *Piles.*—M. C., aged 52,—and confined to bed for one year, suffering from acute inflammatory rheumatism. Appetite poor, countenance cachectic; occasional vomiting; foul breath; fœtid odor in room; bowels confined, and secretions scanty; while the mental depression quite equalled the physical prostration. The odor so offensive and countenance so cachectic as to mislead the attending physician in regard to the complication while the active disease was readily recognized. Cancer of the liver was suggested, and again scirrhous affection of the rectum. I attributed one cause at least of his physical exhaustion and cachexia to be the malarial influence, arising from the very offensive and sickening discharge, consequent on bloody piles.—Here the Bromo-Chloralum was called into requisition and proved itself signally efficientin completely removing the odor and purifying the air. Hope of getting relief from the rheumatic affection had quite deserted him, and he solicited only a cure for the piles.

Prescribed.

℞ Elixir Iodo-Bromide of Calcium Compound.....Oj.

One teaspoonful in half a wine-glass of water, an hour before each meal,—after two week's time double the dose. In the course of a month,

patient began to experience considerable relief and the system generally to recuperate. Continued to improve until the piles quite succumbed.

CASE III. IN DEAFNESS, RESULTING FROM SCARLET FEVER.—During an epidemic of Scarlet Fever, Mrs. W., was attacked by this malady and in the convalescent state discovered that her hearing had become somewhat impaired. This impairment gradually increased until fears were entertained both by herself and friends that she would ultimately lose her hearing entirely. At the suggestion of her husband whom I had previously treated for a similar disorder, she was induced to try the following prescription:—

℞ Elix. Iodo-Bromide Calcium Comp.....Oss.

Sig.—One teaspoonful in half a wine-glassful of water, one hour before each meal.

Improvement soon manifested itself, and in a few weeks a thorough cure was effected.

I recently had the pleasure of seeing this patient and was informed by her that she alone of several who were similarly affected had escaped permanent deafness—a result to be attributed entirely to the use of the Elixir.

X. T. BATES, M. D.

ELIXIR IODO-BROMIDE CALCIUM COMP., IN CANCER.

Messrs. TILDEN & Co.:

It is with pleasure that I am able to give you very encouraging information concerning the case of *CANCER*, referred to in my previous letter. The case of Mrs. Terressa Augustine, colored, aged 52, a widow, under the care of Dr. O. S. Paine. She first noticed the growth in 1867,—situated in the roof of the mouth, at the arch of the palate, it grew rapidly for nearly a year and was pronounced cancer. In 1868, Dr. Miner in charge of a City Dispensary, skillfully removed it with the knife, holding the patient under an anæsthetic for nearly three hours, it being so difficult to operate without suffocation during the anæsthesia. Dr. Miner attended the patient daily for four months, until the surface healed; with the hope that a radical cure had been effected, however, in a short time it began to grow again from the same fibres, and about two months ago had reached the size of a half hen's egg, nearly filling the mouth. It sloughed and became an open, raw, bleeding, fœtid sore, about this time she was admitted to the Hospital. The surface of the sore was as large as a silver dollar; voice lost, or rather could not speak, great debility.

I was invited by Dr Paine, Surgeon of St. Elizabeth's Hospital, to see this and other cases in their wards. I urged the use of the Iodo-Bromide of Calcium Comp., both Elixir and Solution in this case, citing my success with it. The case had been given up and was regarded hopeless. Dr. Paine kindly accepted the suggestion, and I sent to your House in William St., for these preparations to

be sent to the Hospital, and she was at once put upon their use; the diluted Solution as a gargle and the Elixir given internally, a teaspoonful in water three times a day. From that day there has been an appreciable improvement observed, I might say daily. She has now been under this treatment three weeks, *the sloughing surface is entirely healed, no fœtor;* good appetite and sleep; in all respects a remarkable improvement, and to the astonishment of Doctor Paine and myself, there is every prospect of a cure. The same treatment will be continued, and as this is a case of great interest to the profession, those who desire to do so, are courteously invited to call and see it, at St. Elizabeth's Hospital, 225, West 31 St., Dr. O. S. Paine, Surgeon.

Respectfully Yours,

WALTER M. FLEMING, M. D.

New York, No. 43, 31st St., Dec. 5th, 1873

LETTER FROM DR. PAINE.

St. Elizabeth's Hospital, New York, December 10th, 1873.

Messrs. Tilden & Co.:

Gentlemen—The patient, concerning whom Dr. Fleming wrote you, is improving daily. She entered the Hospital *expecting to die* with *CANCER*—Scirrhous—of the hard palate. It was of such bulk as to impede mastication and deglutition. The tumour had gone on to ulceration, attended with a fœtid discharge, with pain peculiar to this disease. Her health had begun to fail; spirits depressed, &c It had been removed with the knife in 1868; therefore on its reappearance all hope was abandoned.

She has been using the "Elixir Iodo-Bromide Calcium Comp." one month with the following results:—The tumour has disappeared more than one half; there is no ulceration or discharge whatever; at the present time she can eat solid food—whereas before she could receive it in a liquid state only; now she can speak as well as ever, when she first entered the Hospital she could not be understood, the tumour filling the mouth so completely; now she is up and about all day, seemingly well, while before she cared only to sit up at intervals—long enough to have her bed made.

Should you come to New York, I would be happy to see you at my office; and take you to the Hospital to show you the wonderful improvement in the cases. I am using the medicine in several other cases, and will report the results to you be they favorable or otherwise. I am now prescribing it in my private practice; and with the assurance of the highest value it contains,

Very Respectfully, O. S. PAINE, M. D.

January 17, 1874.

We called upon Dr. Paine, at the Hospital, and saw this case; it had completely healed. There was remaining simply an enlargement of the parts, which we were informed was gradually lessening. She is able to exercise out of doors, and stated her general health was better than it had been for a year or

more previous. We advised the continuance of the Elixir until the system was thoroughly renovated, to prevent a recurrence.

LETTER FROM MR. TILDEN TO DR. PAINE, CONCERNING A CASE OF LUPUS—AND OTHER CASES.

Dear Sir—I have your esteemed favor of the 22d, and am pleased to learn the favorable progress of the Scrofulous, Cancerous, and other cases under the use of the Elixir Iodo-Bromide Calcium Comp., and hope they will make the same progress to a practical cure, as in the case of Mrs. Augustine, which certainly exceeds any that has come under my observation. It not unfrequently occurs that a valuable remedy obtains a prejudice by claiming for it too diversified medical powers; in this, we believe, we have thoroughly tested its value in scrofula, scrofulous sores and abscesses, and that class of chronic cases of a scrofulous diathesis which the usual remedies so often fail to reach, as well as to combat those pathological conditions on which a large number of cutaneous affections depends.

We have, also, well attested evidence concerning its action upon the lymphatic glandular system, causing a reduction or absorption of glandular and other tumors. In cancerous cases, *while no remedy can, with propriety, be recommended as certain to produce a cure*, we may properly reason that very many cases are so intimately associated with a scrofulous condition of the system, or that morbid condition of the system amenable only to alterative treatment, that it at least will be found serviceable in mitigating the severity of the disease, with a hope that its uninterrupted use, for a length of time, may result, in very many cases, in permanent relief, as it has in the case of Mrs. Augustine.

A physician, writing us some time since, suggests its use as a prophylactic in certain cases, and remarks: "as cancerous affections, like scrofula, are mostly hereditary, and develope usually in persons of advanced age, and appearing in females usually after the cessation of the catamenia, it should be used by them early to destroy the germs of the disease which may exist in the system, better than to combat it after it has developed. As most females, at this period of life, are affected with some disease or another, why would it not be of great benefit, at this period, as an alterative to ward off their usual troubles?" Please try this. The suggestion of the doctor is good.

These cancerous cases are extremely difficult to treat, and care should be observed that the stomach retains kindly the remedy; therefore begin with half teasponful doses, diluted in a wine glass of water, given three times a day, an hour before each meal, and increase gradually to two teaspoonfuls three times a day, or more in some cases. In cases of open sores or ulcers, where there is great fœter, use Bromo-Chloralum, diluted one part to ten of water, to remove the odor and cleanse the parts; then apply the solution Iodo, diluted one part to eight or ten of

water, according to the sensitiveness of the parts. If the solution is not at hand, dilute the Elixir, about one part to four of water, and apply, taking care to use the Bromo-Chloralum to remove all offensive secretions, for to the extent that these are chemically changed into healthy secretions by the action of Bromo-Chloralum, according to Dr. Baker, do we relieve the system from the contamination of the circulating fluids by its absorption. Particular attention should be given to the diet, which should be wholesome and nutritious, easily digestible, avoiding pork and indigestible meats. When it is necessary to use iron, as in an anæmic condition, and, at the same time, unite a sedative with it, use the Ferrated Wine of Wild Cherry, or you can give the Iodoform and Iron Pills, or Syrup Iodide of Iron, thus uniting the alterative with the tonic, and also use bitters and tonics as indicated. Particular attention should be especially directed to the secretions and evacuations. The bowels should be kept freely open with deobstruent laxatives or with alterative, saline aperients. These general suggestions I have always given as to treatment of cases, and in all cases with good results.

In regard to the case of Lupus, which I mentioned to you, of Mr. P., over 70 years of age, brother-in-law of Dr. Wright, of this place, I give you an extract from a note just received :

"January 13, '74. I am glad to say that the tumor upon father's face has disappeared. It is some twelve or fourteen years since it made its appearance, something like a wart, gradually increasing in size till it half covered the eyelid, closing the duct of the eye, which has now resumed its office, and extending on the nose quite down upon the cheek, scabbing over and coming off, leaving it porous or sponge-like underneath, and at times bleeding profusely. The tumor may, to all appearance, be pronounced cured."

Mr. P. used the Elixir internally, faithfully for two years, and applied also the same to the tumor, diluted one to five with water.

I enclose you copy of an article in the American Journal of Medical Sciences of Philadelphia, by Dr. Guptill of Elliot, Maine, giving successful treatment of a case of Exophthalmic Goitre, with the Iodo-Bromide of Calcium Comp.; and have, also, to-day, a letter concerning its giving relief in a case of enlarged liver, given up as incurable. I will give you these cases as reported to me, as they will be of service to you in the diversified cases sent to the Hospital.

Excuse the length of this ; it is a fruitful subject.

Yours, truly,

NEW LEBANON, Jan. 27, '74. H. A. TILDEN.

☞Correspondents will oblige us by writing plainly their *names, Town, County and State.* We are frequently unable to answer letters because these are omitted.

THE

Journal of Materia Medica

DEVOTED TO

Materia Medica, Pharmacy and Chemistry.

Vol. 13.] MARCH, 1874. [No. 3.

Communications.

CINNAMOMUM ZEYLANICUM.

(*Cinnamon.*)

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Lauraceæ.

In the Linnean Artificial Classification, this plant will be found located in Class, *Enneandria*, and in Order, *Monogynia*.

GENERIC CHARACTER.—Calyx 4 to 6 parted, may be taken for a corol; nectaries 3, each has a 2 lobed gland ending in two bristles, standing round the germen; drupe 1-seeded. Stamens 12, 9 of which are fertile, and 3 abortive, anthers 4-celled, bursting by valves.

SPECIFIC CHARACTER.—Leaves 3-nerved, opposite, ovate-oblong, tapering into an obtuse point, smooth. Flowers somewhat silky.

HABITAT.—East Indies. Cultivated in the West Indies. In 1792 samples of the bark, the product of West Indies, were examined by competent judges, who declared it to be equal to that from Ceylon.

MEDICAL PROPERTIES.—The Bark possesses aromatic, stimulant, carminative, astringent and emmenagogue properties. The

oil, obtained by distillation from the bark, possesses aromatic stimulant, and carminative properties. In addition to the essential oil, the bark contains tannic acid, a resin, and cinnamic acid.

HISTORY.—There are various localities from which cinnamon is obtained, but the Island of Ceylon affords the best. Dr. Stillé remarks that Cinnamon appears to have been known to the ancient nations inhabiting the countries bordering upon the Levant. Cinnamon is spoken of in the Hebrew Scriptures; (Exodus xxx, 23). It is mentioned by HIPPOCRATES as a remedy for after-pains; PLINY refers to it as a costly aromatic used in burning the dead, and states that it is brought from Central Africa. DIOSCORIDES is quoted by Stillè as having described five or more varieties of cinnamon, and saying that it is diuretic, emmenagogue, and ecbolic, and acts as an antidote to poisons and to the bites of venomous animals. He adds that with honey, it removes freckles of the face, that it is useful in catarrhs, dropsies, diseases of the kidneys, dysuria. GALEN and PAULUS ÆGINETA, observe, that it is highly desiccative, Dr. Stillé continues:—"The Arabian writers attribute to cinnamon the virtues that have been mentioned, and others besides. SOFIA, of Andalusia, asserts that it renders the voice clear when it has become hoarse from mucus in the air-passages, and that it diminishes secretion from these parts and from the posterior fauces, and indeed from all of the organs. It is even serviceable, he declares, in anasarca and ascites. RHAZES says that it promotes digestion, and relieves pain in atony of the stomach, and recommends that for these affections, it should be mixed with the food. He adds that it has a tendency to occasion flatulence and excite erections. AVICENNA refers to its astringent qualities, and GALEN, like DIOSCORIDES and other ancient writers, distinguishing between cinnamon and cassia, says that the latter may be employed when the former cannot be procured, but in double the dose."

THERAPEUTIC EMPLOYMENT.

Flatulence, Colic, and Spasmodic Affections of the Bowels.—Dr. WARING mentions that the T. Cinnam. Co. in doses of f. ʒss. to f. ʒij, proves a grateful and efficient carminative in these maladies. Dr. KING asserts that internally, this agent is very useful in colic, flatulence, and to allay nausea and vomiting. In cases of colic,

it will, sometimes, be found beneficial to administer it in combination with small doses of opium. In cases of flatulence it may be given in conjunction with Cajuput oil, or Anethum Graveolens, Common Dill. Dr. WARING asserts:—"Of all carminatives for the relief of flatulence, flatulent colic, and hiccough of infants, the most commonly used, and one of the most efficacious, is Dill Water (Aq. Anethi). It may be advantageously combined with a few grains of Magnesia or Aromatic Confection."

Diarrhœa.—Dr. WARING remarks, that in atonic diarrhœa, the powder, in combination with chalk and opium, is often given with marked advantage. Dr. Stillé remarks:—"Cinnamon water and oil of cinnamon are much employed to give an agreeable flavor to medicinal compounds and to render them acceptable to the stomach. The slight astringency of the former renders it peculiarly appropriate as a vehicle for more actively astringent medicines, while its stimulant properties tend to expel the flatus and to alleviate the pain which are the usual attendants of diarrhœa produced by cold or by irritating ingesta. If the bowels contain none of these, or if they have been removed by a laxative, the chalk mixture (Mistura Cretæ) of which cinnamon water is the excipient, and to which the tincture of catechu, or laudanum, or both, may be added according to the predominance of diarrhœa or of colic, is one of the most common and useful prescriptions."

Toothache.—WARING observes that a drop of the oil introduced into a carious tooth occassonally arrests toothache. It will be found beneficial sometimes, to use the oil of cinnamon, in combination with cajuput oil, camphor, creasote, or with collodion. ROBINSON is quoted by WARING, as advising collodion in toothache. Dr. W. observes:—"He considers that a stopping for teeth may be formed of it more durable than gold; the former, however, requiring to be renewed occasionally. After the mouth has been well washed with soda and water, and any foreign substance removed from the cavity of the decayed tooth, he drops from a point the Collodion, to which have been added a few grains of Morphia, after which he fills up the cavity with Asbestos, and saturates with Collodion. Lastly, he places over this a pledget of bibulous paper. In a few seconds the whole becomes solidified, and forms an excellent protection to the exposed nerve."

Uterine Hæmorrhage.—Dr. WARING remarks:—"*In Uterine Hæmorrhage*, it has been employed, but with very doubtful advantage. Of late years its use has again been advocated by Dr. TANNER, who considers that its action is really due to some specific effect which it exercises upon the uterus, and not to any astringent property which it may possess. He advises the Tincture in f. ʒj. doses given in Cinnamon water every six hours." Dr. Stillé observes:—"In Germany Cinnamon has long been regarded as peculiarly adapted to control uterine hemorrhages and to promote contraction of the distended uterus. VAN SWIETEN asserts that he found the tincture useful in the former; and PLENCK says that he had very frequently used it in these affections, during as well as after labor and in the non-gravid state, and that he believed it to be as really a specific for uterine hemorrhage as cinchona is for ague. MUSSINNA, also, while he disapproves of its use during pregnancy, attributes to it the greatest efficacy during labor and when hemorrhage depends upon atony of the uterus. RICHTER, speaking of the general esteem in which the medicine is held, says that no sooner does uterine hemorrhage become excessive and produce exhaustion, or even threaten life, whether it be from profuse menstruation or during pregnancy, or labor, or after delivery, it is customary to have recourse to Cinnamon. He, however, would restrict its use to atonic hemorrhages in the non-gravid state, and to those depending upon a placid state of the uterus after delivery, and he affirms that it is especially serviceable on account of its property of promoting contractions of the uterus.

SUNDERLIN furnishes precisely the same account. VOGHT does not suggest a doubt of its accuracy, but more recent writers, as CLARUS and ŒSTERLON, appear to be skeptical upon the subject. Yet one of the latest, WERBER, presents as favorable an opinion as any before him of its efficacy in arresting hemorrhage and promoting uterine contraction. In England, although less known, tincture of Cinnamon was recommended by Dr. GOOCH as one of the ingredients of a mixture in menorrhagia; Dr. RIGBY places Cinnamon in the same group with ergot and borax; and more recently Dr TANNER has found it useful in moderating the menstrual discharge in cases which did not appear to depend either upon plethora, anæmia, or uterine organic disease. He also

found that it seemed to increase the severity and rapidity of the pains of labor, and to diminish the loss of blood. More recently still M. TEISSIER has furnished an equally favorable account of the hæmostatic virtues of this medicine. After referring to its successful employment by SCHMIDTMANN, FRANK, and GENDRIN, he states that in menorrhagia depending upon chlorosis or anæmia it is superior to all other hæmostatics when administered during a few days preceding the menstrual period; that in hemorrhage preceding, accompanying, or following labor in women of lax tissue and feeble circulation, and who are subject to irregular menstruation and chronic leucorrhœa, he has found it of evident advantage; and finally that it is one of the best means of moderating the exhausting hemorrhages caused by cancer of the womb." Dr. Stillé closes his very able paper on this drug by stating as follows:—"These various testimonials appear to leave no doubt in regard to the virtues claimed for Cinnamon; and while it would be irrational to give it the precedence of ergot and of ergotine in the several conditions alluded to, it possesses advantages as a stimulant which render it more peculiarly appropriate in those cases for which iron is the more certain but less prompt constitutional remedy." The author has many times prescribed Cinnamon in cases of uterine hemorrhage, and can testify relative to its beneficial results.

Tedious Labor.—Allusion has been made to its ecbolic properties in the quotation from Dr. Stillè. Dr. WARING quotes the same authority under this division, viz. "*In Tedious Labors depending upon Atony of the Uterus and insufficiency of Uterine Contractions,* it was found effectual by MURSINNA, and Dr. TANNER'S experience tends to confirm the idea of its powers in these cases."

ADMINISTRATION.

The powdered bark may be prescribed in doses of from gr. x–gr. xx. Tincture may be given in doses, from twenty to sixty drops.

Aqua Cinnamomi. Cinnamon, bruised twenty ounces; water two gallons. Distil one gallon. This water is said to be superior to the London and Dublin waters prepared from the oil. DOSE.—Fl. oz. j. to fl. oz. ij.

Tinctura Cinnamomi, and the compound tincture, are given in

doses of from one to four fluidrachms. The *oil* may be directed in doses of from one to three drops, diffused by means of finely pulverized sugar in water.

Spiritus Cinnamomi.—"Take of oil of cinnamon a fluidounce; stronger alcohol, fifteen fluidounces. Dissolve the oil in the stronger alcohol." U. S. DOSE,—gtt. xv to xxx, in sweetened water. (W).

"An extemporaneus *infusion* of cinnamon is often made with two drachms of the bruised bark to a pint of boiling water, and given in doses of two or more tablespoonfuls. (S.)

Pulvis Aromaticus (U. S.) *Aromatic Powder.*—Take of Cinnamon, four ounces; nutmeg, three ounces; saffron, three ounces, cloves, one ounce and a half; cardamoms, freed from their capsules, one ounce; refined sugar, twenty-five ounces. Reduce the ingredients separately to a fine powder, mix them thoroughly; and pass the powder through a fine sieve. Keep it in a stoppered bottle. DOSE.—Gr. x. to gr. xxx. (PEREIRA).

TREATMENT OF OBSTINATE EPILEPSY.

BY ALLEN MCLANE HAMILTON, M. D.

The want of permanence in the cure of those cases of epilepsy (by bromides especially) when there is a relapse, after the patient and physician have congratulated themselves upon the mastery of disease, is, I am convinced, due to an insufficient use of these drugs.

The pathological condition of the brain and its appendages in old cases, may be such as to make the cure impossible, or almost so. My purpose was to discuss the management of those hopeless cases that the practitioner meets at the dispensaries, or who come to him after years of suffering, and after running the gauntlet of drugs, from cotyledon umbilicus to nitrate of silver. Some of them may have been taking the bromides, or equally efficacious remedies, in an irregular way without benefit, and have given up, disgusted and despondent. Conium and hyoscyamus have been used by some practitioners, but the bromides and two or three others have been so successful that they are now generally adopted. My experience has taught me to rely upon a few good remedies. Ergot and belladonna are the best agents I know of as local

alteratives, while quinine and cod-liver oil will help the general condition. I propose to dwell briefly upon three drugs which I am convinced give the best results, and these are the bromides of sodium and potassium, belladonna, and ergot.

Before their administration, however, we must inquire as regards the condition of the patient, his age, duration of sickness, and the existence of a proximate or remote cause; and we should discover whether the attacks be diurnal or nocturnal.

The bromides are almost useless in nocturnal epilepsy, and they often aggravate the symptoms, but are invaluable when the attacks come on in the day-time. The bromides produce slower effects in those cases of long standing than they do in recent ones. In cases where *le petit mal* is the feature, belladonna and ergot are particularly indicated, and not the bromide, which increases the severity and number of the seizures.

The bromides, according to Clarke and Amory, produce a contraction of the arterioles of the medulla, and this contraction must be permanent to prevent a recurrence of the paroxysm. Dr. Russel Reynolds says that a considerable amount of these salts should be present in the system, and that is not obtained by the mere administration of small repeated doses. This statement substantiates my assertion, that in my experience those patients who took heroic doses were cured soonest. I believe that a state closely bordering on bromism is to be reached before we can expect permanency of cure. We must stop here, however, and employ the greatest caution in their subsequent use. Staggering, anæsthesia of the fauces, and mental cloudiness are to be reached; after these come a train of deplorable symptoms which it is almost impossible to stop. The skin will be characterized by a waxy hue; œdema of the limbs and loose tissue beneath the lower eyelids; utter loss of appetite (not always constant), and a mental state of imbecility will ensue. The patient will fall into a low state of exhaustion, attended by delirium, irritable pulse, coldness of skin, followed by a sudden rise of temperature, and finally death.

I have usually begun with twenty grains of the bromide of sodium thrice daily. At the end of a week, if there is no change for the better or worse, the dose may be increased by ten grains, and so on till we give one-hundred and sixty grains in the course of the day. It is then necessary to watch carefully for the ap-

pearance of symptoms which will indicate the toxic effects of the drug. The patient may be seized with an irresistible desire to sleep at all times. He may fall asleep over the table, or may appear absent-minded. If spoken to, his mind will sometimes be "wool-gathering," and he will not heed the first summons, but regain himself suddenly to pay attention, which is an effort. As other symptoms increase, he will display an irritability of temper, an indisposition to go out into the open air, a staggering gait combined with a bending of the knees, and consequent sinking of the body. His face will wear a blank, expressionless appearance, and the color of his skin will appear a dirty white. His breath becomes foul with the odor of bromine, and his pharynx devoid of sensibility. An eruption of acne may be present on the forehead and chin.

As we advance into the second stage we find that a number of alarming symptoms will develop themselves in succession. The process of waste goes on with excessive rapidity; a loose cough and an œdematous condition of the lung-tissue will ensue; in fact, there may be anasarca of the entire body when the patient is bromized to this extent. As the stomach has been a sufferer for a long time, it is reasonable to expect a change in this organ. The secretion of gastric juice is interfered with, and it is often extremely difficult to find an article of diet that will be digested. The patient's pulse becomes weak and intermitting, large dark circles surround the eyes, followed by total mental aberration; and then come the signs of dissolution alluded to before. The symptoms towards the close of life may resemble those of typhoid.

After reading this brief list of symptoms, we have certainly cause to avoid its excessive use; but if care is used the patient may be kept hovering on the borders of bromism without going further. Certain adjuvants in the treatment will stave off the severe effects of the bromides, and when bromism is produced will quickly restore the patient. The various preparations of cinchona and iron, combined perhaps with cod-liver oil or strychnia in small doses, will do almost immediate good.

It has been suggested that the combination of strychnine with the bromides is efficacious; but the effect of this alkaloid in the cases I have seen and treated, has been to aggravate the disease.

Belladonna, given by the stomach *with the Bromides*, has also been tried; but the properties of atropia are apt to be neutralized by the alkaline bases of these salts, particularly calcium.

My experience has led me to believe that the variety of epileptic seizures occurring in the day-time were most readily abated by this form of treatment. Large doses of belladonna greatly lessened the form of attack known as *le petit mal.* Belladonna, as we know, diminishes the amount of blood in the vessels of the cord, and establishes a condition antagonistic to spasm of these vessels. Trousseau's method of giving belladonna, which I have taken from Ringer, is this: "During the first month of treatment the patient takes a pill composed of ext. of belladonna and the powdered leaves of belladonna, of each one-fifth part of a grain, every day, if his attacks occur chiefly in the day-time, or in the evening, if they are nocturnal. One pill added to the dose every month; and whatever be the dose, it is always taken at the same period of the day. By this means the patient may reach the dose of from five to twenty pills, and even more."

As yet I have not heard of the administration of belladonna and its alkaloid by the hypodermic method, locally. In several cases I have made this the sole treatment, and though it was tried somewhat empirically, I had the gratification of witnessing most important results. From one-hundredth, increased to one-forty-eighth of a grain of the sulphate of atropia solution, were injected beneath the skin at the base of the skull, for several weeks, with intervals of one or more days between each application. The want of sensibility of this part of the skin made the pain inconsiderable, and the patient scarcely minded the operation, repeated even as often as it was. The effect seemed to be more immediate than when belladonna was given by the mouth. The results were gratifying, inasmuch as one case of ten years' standing was improved notably after three weeks; and another case, when this treatment was combined with the bromide, was cured.

Ergot.—My experiments have been made with the ergotine of Bonjean of Paris, and propylamin, which is identical with secaline, the active principle of ergot. I have several cases under my care which have notably improved under the ergotine treatment. Those cases the most benefited were of the variety known as *le petit mal.* One of Bonjean's capsules, containing about six grains given three times daily, is enough to begin with. The fluid extract produced less satisfactory results. Propylamin has been tried in one case in doses of Mv. suspended in mucilage. Though this case is unusually severe and has been under all kinds of treatment, a great diminution in the number of attacks is evident.

The influence of ergot on the muscular coat of the blood-vessels of the cord is to contract them, and restore their tone through the vaso-motor nerves. Its action is much the same as that of belladonna, though in a far more energetic degree. Ergot notably diminishes exaggerated reflex power, and is therefore clearly indicated in epilepsy. It will combine well with the bromides, and the therapeutical effects of both will be increased.

In spite of the medicines given, the physician will sometimes find that his patient does not recover, and perhaps he will give the case up, feeling that nothing can be done. We should always look for a deeper evil in these cases, for a hidden cause may exist in very many instances, which, when removed, there may be a rapid cure.

Uterine and ovarian derangements are a very common cause of the disorder. The prospect of cure depends upon the return of function through disappearance of the cause, and consequent return of tone of the cerebro-spinal system. The hope of benefit in these cases depends upon the time of life, and the proximity to the commencement of menstruation. It is much easier to cure a young patient than one in whom the disease has become deeply seated. Any prolonged irritation of the pudic nerve is apt, whether in the male or female, to be followed by epilepsy, and such causes of irritation it is well to discover.

Besides these causes, we will be able to find that injuries of the head, ascarides, and renal and biliary calculi may also be frequent causes of the trouble. A form of epilepsy which gives the physician much annoyance, is that depending upon or caused by disturbances of the digestive apparatus, and this occurs in persons having a nervous diathesis. The important part which the stomach plays in epilepsy may be studied when we watch the disagreeable results which follow an abuse of this organ.

There are other kinds of eccentric irritation which will cause epilepsy, and may escape the attention of the practitoner; a carious tooth, or an injury of the jaw; the presence of some irritating body such as a needle or bullet.

Those forms of epilepsy which depend upon injuries of the head or intracranial tumors resist all forms of treatment, except it may perhaps be trephining.

Epilepsy due to syphilis is often caused by a tumor in the brain substance; and specific treatment will usually benefit or cure the patient.—*Atlanta Medical and Surgical Journal*, February, 1874.

POISONING FROM COLCHICUM WINE.

On the 24th of November last one of Montreal's street arabs stole from an express wagon a large bottle, which eventually found its way into the house of a man who resided in miserable quarters.

It was pronounced to be wine, and on the afternoon of November 25th some seventeen persons were called in. This bottle was again produced, and being placed to the nose of experienced ones was again pronounced wine, when a carousal began. In half an hour the contents of the bottle disappeared, all being drunk, except a few ounces which were carried away by one of those who had partaken, for the purpose of treating a friend. Very shortly after, those who had drank it began to grow ill, and no wonder, for the contents of the bottle were Vinum Colchici, made by Evans, Mercer & Co., and the bottle was on its way to the General Hospital when it was stolen. It was not till the next morning (26th November) that medical assistance was called in to one of the sufferers, and as no history of the drinking was given, a correct diagnosis was not made. It was noon of the same day when information of what had occurred reached the police authorities, who at once furnished them with medical assistance. Dr. Major was taken to the sufferers, who at this time were seventeen in number, and he assumed charge of all the cases, assisted by several other medical men. By evening seven deaths occurred—the remaining ten happily have got over it. Dr. Major has published the cases at great length in the *Canada Medical and Surgical Journal.* As they are exceedingly interesting we give the following Resumé of the symptoms:

"In from 45 minutes to one hour and a half after taking the wine, vomiting ensued. The contents of the stomach were first rejected, then bile or mucus; afterwards a fluid similar to "rice water" of cholera.

When the amount of poison taken was very great, the purging came on simultaneously with the vomiting,—but if only a small quantity, comparatively speaking, had been swallowed, the evacuation of the bowels was delayed for several hours. The passages were first the natural fæces, then bilious stools, next "rice water,"—a very large amount of a frothy, slimy secretion, compared by one of the patients to clean soap suds. In no case were there any traces of blood to be found. The vomiting continued until the last moment in the fatal cases, and the bowels

were emptied involuntarily. Cramps were severe in the stomach, bowels and legs. Severe pains were felt in the knee joints in some, and in two cases very markedly in the left shoulder, so much so, indeed, as to be a continual cause of complaint, and avoidance of lying on the left side. Rubbing was frequently demanded for relief. In the majority there was numbness from the elbow to the wrist; cramps of the fingers, especially the second finger, and in one case extreme numbness of the thumbs under the nails. This latter peculiarity was present even for twenty-six days after. In the case of the boy Thayer, there was great pain between the shoulders. The features (twenty hours after the accident) were pinched and drawn, lips and nose blue, as also the lobes of the ears. The eyes were congested, pupils dilated slightly; voice hoarse and husky, and pain was experienced in speaking.

Feet and lower extremities icy cold, as also were the hands and arms. The rest of the body had a warmish clammy feel, but was below the normal temperature. The pulse was rapid, 125 to 145 or more in the minute, small, compressible, intermitting, and at times imperceptible at the wrists, though it could be found at the elbow with some trouble. The temporal arteries were difficult of detection, even the carotids required patience to distinguish. For several hours before death they were almost pulseless, the heart's impulse was not to be felt over the chest, and even with difficulty heard on applying the ear to the chest wall. The sound might be likened to a blowing sound, or a murmur, or to a heart heard at a very great distance, or through a stone wall, both sounds lapsing into one.

Respiration was full and easy, and was well maintained throughout. The pulse respiration ratio was borne out throughout.

The sufferers were sensible to the last and throughout. One case terminated with a slight convulsive effort. All sat up before dying, falling back in less than an instant. No headache was complained of. Muscular strength was retained. They were all able to sit up, lift a cup to their lips, or even walk.

They were perfectly sleepless. In two recoveries there appeared a pustular eruption on the face and lower extremities, resembling in its character poisoned wounds.

In the case of the boy Thayer, while sawing wood, an hour after drinking the wine, he was seized with violent retching and vomiting succeeded by a "fit," which from the description

resembled a convulsive attack. Thumbs were turned in, with the fingers closed over them.

The amount of wine taken varied from one mouthful to 15 or more ounces.

The symptoms in every case were proportionate to the amount of wine taken.

All the fatal cases terminated in from 19 to 28 hours.

After death the features assumed a placid, quiet expression; dependent parts of the body were tinged blue."

We regret deeply that no *post mortems* were allowed, as it will in all probability be many a long day before another such opportunity will occur to ascertain the pathological conditions present in poisoning by colchicum wine.—*Canada Medical Record*, January, 1874.

MEMBRANO-SPASMODIC STRICTURE.

BY PROF. HAYES C. FRENCH, M. D.

Perhaps the most marked triumphs of the principles of Reform Practice are to be found in the field of Surgery, and conservative Surgery has won more distinction for Eclectic Practitioners than ever the heroic use of the knife has for their opponents. Of many cases of spasmodic Stricture of the urethra with membranous complications, successfully treated without the use of bougies or other mechanical appliances, we give from our case book, the following: A. B. N., aged 25, of marked bilious diathesis, presented himself for treatment in the early part of December. He complained of a stricture of eight years standing, doubtless the result of cauterization for a gonorrhœa.

He had presented himself to numerous surgeons of reputed ability, who had been about equally divided in the diagnosis between spasmodic and structural or permanent stricture. One aspiring genius had attempted dilatation by forcible and painful use of the bougie, which operation was followed by weeks of painful micturition, and a still further diminution of the calibre of the urethra. Whenever his urine became acrid from excess of urates or stimulating food or drinks, he found it almost impossible to void it, and required nearly ten minutes to accomplish a single evacuation of the bladder. On one occasion, after a thorough use

of non-irritating cathartic pills, he had been able to make a stream full and free for a day or too, after which, the former strictured condition again obtained. We found great tenderness, irritation, and induration of the prostrate gland, and perineal pain reflected from the seat of stricture. An attempt to pass a No. 3 or 4 bougie proved perfectly abortive, nor would the stricture yield to persistent pressure against the resisting tissues. The bougie passed freely and painlessly along the urethra until the membranous portion was reached, when with a painful spasm its further progress was instantly and effectually stayed. A brief course of tentative treatment corroborated our diagnosis, and we immediately proceeded to treat him as follows: A narrow strip of irritating plaster was held in contact with the shaven surface of the prostate, by means of a neatly adjusted perineal bandage. Fresh plaster was applied from time to time until pustulation and suppuration followed its application. Comp. podophyllin pills were given short of catharsis until there was a visible improvement in the physical and chemical condition of the urine, after which the following prescription was given:

℞.	Saturated Tr. of Stillingia	ʒ ij.
	Fd. Ext. Digitalis	ʒ j
	Tr. Apsis Melifica.....	ʒ ss.
	Simple Syrup, Q. S. for	℥ ij.

Under this treatment the improvement was marked, and in two weeks a No. 4 bougie could be readily and painlessly passed, and at the close of the third week there was no appreciable impediment to the passage of the urine.—*The Archives of American Medicine and Surgery.*

BRIGHT'S DISEASE.

Prof. A. L. Loomis, of the University of New York, in a clinical lecture, in speaking of the treatment of this disease, said: I recommend a remedy which will increase the urinary secretion without stimulating the kidneys. That remedy is digitalis. I am convinced that it does not act as a stimulating diuretic, but that it acts upon the local circulation of the kidney. Clinically, digitalis acts as a diuretic without stimulating the kidneys. Inducing an increased flow of urine in this way, we rid the system of its

urea much more completely than we can by the skin or bowels, for these are both unnatural ways of eliminating it.

One word with regard to digitalis. We have, for many years, been taught to believe that while administering this drug, we must guard against its "cumulative effects," so called. All this I have come to disregard; for I have repeatedly administered half-ounce doses of the strong infusion every two hours for forty-eight hours, and have never seen any unpleasant effects from thus using it. If any benefit is to be received from this drug in this disease, it *must* be administered in large doses. The dose which I usually recommend is ℥ ss of the infusion; and in the acute stage of Bright's disease, it may be given every two hours for twenty-four hours, and then wait a little and watch its effects. If the diuretic effects are not satisfactory, they may be increased by the addition of bitartrate of potassa. Its administration, in more moderate doses, say ℥ j three times a day, must be continued for weeks. In those cases in which the exudative matter filling the tubes is the result of a catarrhal inflammation of the tubes, if it can be washed out, nature forms new epithelium for the repair of the tubes, unless the stimulants which have produced the increased secretion of urine are continued. Hence the necessity of watching the effect of the remedy. The external application of dry cups over the kidneys, and following them with poultices, are of service. The digitalis leaves may be used for a poultice after the dry cupping, and thus applied, they will increase the diuretic effect of the drug administered internally. After the use of dry cups, and the congestion and hyperæmia to some extent are relieved, if your uræmic symptoms are still urgent, you may resort to hot-air baths and hydragogue cathartics. This makes the principles for the accomplishment of the first proposition in the management of acute Bright's disease.

And now let us consider the effect of the urea. This is the element that produces the convulsions; perhaps the patient has already had one or more when you are called to see him. What are the means that we have for controlling the effects of urea upon the nervous system. I believe that opinion is, of all drugs, the best. If called to see a patient who has already had a convulsion, I should not hesitate to throw into his arm ten, fifteen or twenty drops of Magendie's solution of morphine, by the use of the hypodermic syringe. It will not kill him; but, upon the other hand, I have seen it, many times, produce a calm, quiet sleep,

profuse perspiration, increase the flow of urine, and within a few hours the patient awakes to consciousness as the result.—*The Cincinnati Medical News.*

ART. III.—A FEW HINTS ON THE PATHOLOGY OF DYSPEPSIA, AND THE MODUS OPERANDI OF CERTAIN REMEDIAL AGENTS.

By John M. Turner, M. D., of Dunbarton, Barnwell Co., S. C.

The true pathology of dyspepsia, we believe, to consist in atony of that portion of the nervous system that supplies the stomach and digestive apparatus; the deficiency of the healthy secretion of the gastric liquor, together with the costiveness that ensues, or the want of tone in the peristaltic action of the muscular fibres fo the stomach and chylopoetic viscera, are both dependent on the want of tone in the nervous system. Hence, in our prescriptions, we direct our remedial application especially in such a manner as we think will strengthen and invigorate the nervous centres. We hold, then, the theory that the immediate cause of dyspepsia (proper) consists in a vitiated or deficient secretion of gastric juice, and irregular or deficient action in the muscular coat of the stomach and digestive organs, and these, we think, dependent on the immediate influence of the nervous power. "Accordingly such things as are calculated to cause indigestion, do so by interrupting or weakening the regular supply of nervous influence to the stomach and digestive organs, or by irritating the nervous extremities of the mucous membrane of the stomach and digestive organs." This brings us to that point where we are privileged to enquire into the modus operandi of remedial agents.

And first of Pepsine. We notice this article first, as it is highly extolled, and, like many new remedies, held up almost as a specific dyspepsia. When its physiological action is critically examined, we judge it to be truly uncertain, or if productive of any benefit whatever, this must be temporary and evanescent. Physiologists have, by reason of chemical analysis, determined that the gastric juice of the stomach contains an active animal principle, called "*Pepsin.*" This principle can be extracted from gastric mucous membrane of an animal recently killed, and naturally it may be prescribed as a remedial agent in cases of impaired digestion from

a deficient secretion of gastric juice, or from an unhealthy condition of that fluid.

* *

There is some prime cause in dyspeptic affections that renders the gastric juice deficient or morbid, and to make a judicious prescription, the pathological condition must be first looked into and clearly recognized.

We have above contended that this condition consisted in an *atony or deficiency* of nervous energy of the stomach and chylopoetic viscera. We think we have remedies at hand, if correctly managed, and assisted by a proper hygiene, that will fulfil the indications. One of these remedies we will now introduce, viz, the Sub-Nitrate of Bismuth. We do not suggest it as a discovery, but from our own experience with it, think it has not been truly appreciated. The utility of this article in certain painful affections of the stomach has been known to the profession ever since the publication of Odier, of Geneva, "who was among the first to employ it internally." Having used it ourselves, in a practice of near half a century, and having been ourselves for some years a dyspeptic, and tested its beneficial effects, not only in general practice, but in our own person, we can confidently recommend it as a remedy to be relied on in many of the forms of dyspepsia. Professor Wood considers it "both tonic and anti-spasmodic." "If we endeavor to ascertain," says Trousseau, "the action or modus operandi of Bismuth, we will be much embarrassed." Professor Chapman, in his Therapeutics, says "the action or effect of Sub. Nit. Bismuth on the stomach and digestive organs is a *mild and effectual tonic*, and from our own experience," he continues, "we do not hesitate to affirm, with Odier, Marcet, and Moore, that in pyrosis, cardialgia, and gastrodynia, it operates more *speedily* and with *more certainty* than any other article of the materia medica." And it is even now fresh in our memory with what enthusiastic and confidential terms this article was recommended in the various forms of dyspepsia to the medical class of 1830, in the Medical College of the State of South Carolina, by the lamented and much beloved Dickson, who was then Profesor of the Institutes and Practice of Medicine. He viewed this article almost as near a specific in dyspepsia, as he did the various preparations of cinchona in intermittent fever. He says, in his Practice, Vol. II., page 26: "I will here recommend the Sub. Nit.

Bismuth, which I recognize as a deobstruent, a tonic, and a sedative or counter-irritant." "It is," he continues, "more generally adapted to the treatment of dyspepsia than other remedy, and my own experience enables me to speak with confidence of its utility in five grain dose, *ter in die.*"

We believe it acts on that system of nerves that governs the secretion of the gastric juice, and the process of digestion, viz, Chymification and Chylification, and consequently its *modus operandi* is directly to restore healthy action by giving a fresh vigor and tone to the nerves of the part.

But as there are nerves that supply different functions, we opine that Bismuth acts only on that set of nerves that control the secretions and other functions above named. We are in want of some associate stimulant or tonic to the nerves that supply the muscular coat of the stomach and intestine, so as to preserve a regular peristaltic action of this portion of the chylopoetic viscera which we find deficient or tardy, as is evidenced by costiveness and other symptoms of sluggish movements of these organs. This remedy we find in the extract of Nux Vomica. This is a remedy for dyspepsia we do not generally find recommended by most of American teachers of the present day, but from its reputed efficacy in neuralgic affections, where there existed an atony or want of sensibility of the nervous tissue, we have thought it would be peculiarly applicable to such conditions of the *primæ viæ.* Its well known effects in exalting muscular action suggests it as the peculiar remedy to act on the muscular coat of the digestive apparatus in cases of tardy movements, capable of arousing the *vis vitæ*, or tardy nervine power attendant upon perfect digestion, to a new and normal condition. On referring to Dunglison, on new remedies, we find Vogt, an Italian physician, gave it in gastralgia; Leegrand in gastralgia; and Russian and Polish physicians administered it advantageously in pyrosis and gastrodynia, especially when these appeared to proceed from an *atony or morbid irritability of the nerves of the stomach.*"

The French practitioner, M. Bouet. regarded it as a great adjuvant to cathartics or laxatives, and used it with considerable advantage in *habitual costiveness.* Hence we believe that the combination of these two articles of the materia medica, Sub. Nit. Bismuth and the extract of Nux Vomica, along with a proper hygienic course, can be made to fulfil the indications required

better than any other known prescription or compound. The following is with us a favorite prescription:

℞ Sub. Nit. Bismuth.....3 i.
Ext. Nucis Vomicæ.....gr .iii.

Make pills No. 12, and direct one pill morning, noon and night, one hour before eating.

Should constipation not be relieved, and bowels moved once per day, a mustard plaster must be placed over the dorsal vertebræ, which we find frequently tender, to arouse the latent energies of the nerves that supply the digestive organs. And to the above pill we add, as often as occasion requires, a few grains of blue mass, or rhubarb and carb. soda. It must here be premised that no plan has ever been known to avail much in dyspepsia, without observing very strict rules in reference to diet and general hygienic management.

Before closing these desultory remarks we would observe that a regular, though circumscribed quantity of alcoholic drink daily has proved in our hands a great adjuvant to the above plan of treatment, say one or two tablespoonsful of good brandy or old whiskey, or a teaspoonful of tincture of cayenne pepper, taken without dilution, directly after each meal. These, we surmise, act as a temporary stimulant to the nerves of the digestive organs. We would insist, too, that certain rules in reference to physical and mental hygiene should be observed and strictly followed. The patient should have a regular time to take his meals, and these must consist of articles of digestible nature, in *certain quantities*. We have found rye-mush, and sweet milk, to agree with dyspeptics more than any other one article; Graham bread, and ash hoe-cake baked brown; Irish potatoes, etc., etc. But as to the kind and quantity of food, each one ought to consult his feelings after a meal, and thus learn what *articles* and what *quantity* he ought to eat. The sufferer's mind, too, should be kept in a state of equilibrium; he must avoid causes too exciting, or too depressing. If the individual has been a hard student, let him in part forsake his books for a time, and take free exercise in the open air, with jovial and pleasant company. If an attentive business man, let him curtail his business, and visit some watering-place, where his mind can be diverted from the long accustomed channel of thought that has been wearing down and debilitating his *nerve power*. The metaphysical and physical treatment should go hand in hand.

One peculiar condition belonging to the confirmed dyspeptic, which is very distressing, and which demands immediate relief, is called by patients "cramp colic," or "spasm of the stomach," but which we recognize as gastrodynia. The pain is not confined to the stomach alone, but starts opposite the sternum, and shoots through to the back, and between the shoulders, and is accompanied by much anxiety and restlessness. Watson, in his lectures on the Practice of Physic, says: "I suspect this pain is sometimes neuralgic, and is often very intractable." Following the idea of said writer and author, we have believed that the nerves of the digestive apparatus required an active stimulant and anodyne to relieve the distressing pain, and have for many years used with success the following preparation:

FOR GASTRALGIA.

℞ Chloric Ether..... ℥ ss.
Bi-carb. Soda..... ʒ i. ss.
Morphine..... gr iii.
Camphor Water..... ℥ iv.

Dose a tablespoonful, one, two, or three hours apart, until relief is obtained.

We have always found the second or third dose to give relief.—*Charleston Medical Journal and Review*, January, 1873.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Morphia in Acute Uræmia.

Dr. ALFRED L. LOOMIS (*Medical Record*, Aug. 1, 1873), in a recent paper on acute uræmia, discusses the propriety of administering morphia in full doses hypodermically to patients with acute uræmia, and the effects which follow such administration. The histories of ten cases which he narrates, lead him to the following conclusions:—

First. That morphia can be administered hypodermically to some if not to all patients with acute uræmia, without endangering life.

Second. That the almost uniform effect of morphia so administered is—1st, to arrest muscular spasams by counteracting the effect of the uræmic poison on the nerve-centres; 2d, to es-

tablish profuse diaphoresis; 3d, to facilitate the action of cathartics and diuretics, especially the diuretics, especially the diuretic action of digitalis.

Thus morphia, administered hypodermically, becomes a powerful eliminating agent.

The rules which are to govern its administration are as yet not well defined. My own experience would teach me to give small doses at first—not to exceed ten minims. If convulsions threaten, and a small dose does not arrest the muscular spasms, it may be increased to twenty minims, and the hypodermics may be repeated as often as every two hours. It must be given in sufficient quantities to control convulsions; neither the contraction of the pupils nor the number of the respirations is a reliable guide in its administration.—*Medical News and Library*, October, 1873.

New Method of Gargling the Larynx.

Dr. GUINIER, of Montpelier, described to the Clinical Society his method of gargling, for which he claims several advantages. Firstly, in the ordinary method expiration is carried on at the same time as the gargling, and prevents the gargled liquid from getting into the larynx. Secondly, the head is thrown back, and, therefore, involuntary deglutition of the liquid occurs. Thirdly, the gargled material, water or whatever it may be, does not go into the larynx. In Dr. Guinier's method there is no respiration during the process; the head is not moved backward; voluntary deglutition can be managed during the act; and the gargle bathes the whole of the pharynx, passes beneath the epiglottis to the vestibule of the larynx, to the arytenoid cartilages, to the ventricles of the larynx, and to the true vocal cords, so that if the laryngoscope is used at the same time, and the gargled material is transparent, the vocal cords can be seen shining through it. Dr. Guinier, speaking in French, then stated the chief advantages of his method. He also demonstrated upon himself the different methods of gargling. In the course of his remarks he said, "it is not generally known that the pharynx and uvula are insensible to ordinary touch in every one; nevertheless, such is the case." Certainly his own palate and pharynx seemed to be quite insensible.—*Brit. Med. Journ.*—*Amer. Jour. of Medical Sciences*, January, 1874.

Evidences of Life in a New-born Child.

Dr. W. B. Atkinson, of Philadelphia, after examining the question by the light of reason and authority, comes to the conclusion that a child is born alive when there is pulsation in the cord after birth, or when muscular movements occur, even without respiration. Such children are commonly said to be still born, if the office of the lungs is not assumed. More properly they die of *atelectasis pulmonum.* The best authorities on medical jurisprudence pronounce them born alive, and this seems to be the decision of leading jurists, who hold that a child so born, though it may never breathe, acquires all the legal rights of any child. The question is of importance to physicians, because they are liable to be called on as witnesses, or experts, to guide the action of courts of justice and juries in the premises.—*Pacific Med. and Surgical Journal,* December, 1873.

Fracture of the Clavicle treated by placing the Arm behind the Back.

M. Broca recently treated a case of fracture of the left clavicle, in which the fracture was near the middle of the bone; was oblique, from above downwards and from without inwards, the fragments riding one another considerably. After numerous plans of treatment had failed to reduce the fragments, M. Broca adopted a suggestion made last year by Dr. Michel to the Société de Chir., and placed the arm in a semiflexed position behind the back, where it was retained by a bandage for eighteen days, with the effect of completely adjusting the fractured surfaces and producing an excellent cure. For a few days longer a sling was used. The patient, a man of considerable nerve, complained of the inconvenience and pain of the method for only the first twenty-four hours.—*Pacific Med. and Surg. Jour.,* December, 1873.

Treatment of Burns and Scalds.—

Dr. de Breyne highly recommends the following treatment in *L' Union Pharmaceutique:* Hydrate of lime (newly precipitated), forty-five grains; glycerine, five ounces; chloric-ether, forty-five drops. It makes up a transparent, colorless liquid, with an agreeable odor, and an alkaline reaction, according to the dose of hydrate of lime. It calms the pain, and prevents or abates inflammation.—*London Lancet.*

Convalescence in Typhoid Fever.

"When is a patient convalescent from typhoid fever?" is a question thus answered by that excellent observer, Dr. P. W. Latham (*ibid*): "The only satisfactory answer, in my opinion, is after the morning and evening temperatures, and especially the latter, on *at least* two successive days have remained about the normal point, or between 98° and 99° F. In Dr. Brittan's case the temperatures varied from 98° to 100°, not being higher than 100.6°. The daily variations are not given, but it would be instructive to know whether before the collapse on the twenty-third the patient's temperature on at least two successive days at 8 A. M. and 6 P. M. had remained between 98° and 99°. Two years ago I referred to cases where, after all the general symptoms of typhoid fever had passed away, considerable hemorrhage took place from the bowels; and I also stated that during the period of defervescence 'the patient's tongue may be clean and moist, the appetite ravenous, the patient crying out for food, and the typhoid ulcers still unhealed. The thermometer alone will tell us this. It will probably show at this stage an evening temperature of about 101° F., with a morning temperature of 1.6° to 2° lower, and a mutton-chop might now be sufficient to induce fresh irritation of the intestinal ulcers, fatal hemorrhage, or perforation. *It is only after the evening temperature has remained on at least two successive days below* 99° *F. that we can be sure the ulcers have healed*, and that solid food may be given without risk.'

"During the last three years I have seen no instance of a relapse after this condition has been reached. I have seen some relapses where the precaution with regard to food was not observed. I have seen other cases where, in spite of solid food being given before a normal evening temperature was reached, the patient recovered but that is no argument against the truth of the rule. And if taking solid food before the intestinal ulcers are healed may possibly, though not invariably, give rise to increased fever, fresh ulceration, or even perforation, it is surely not justifiable to allow the patient to take it until all uncertainty with regard to the condition of his intestines is at an end."—*American Practitioner*, December, 1873.

Subcutaneous Injections of Morphine in Strangulated Hernia.

Dr. Alois Szatzary, after having injected several drops of a thirty-per-cent. solution of morphine over the course of the in-

guinal canal, was able, after a few attempts at taxis, to readily reduce the hernia without operation.—*Nashville Journal of Med. and Surgery*, December, 1873.

Dressing with Magnesia.

Dr. Ohleyer advocates the use of magnesia, which he has found very successful, in the dressing of certain ulcers when fermentative processes retarded healing. Magnesia neutralizes the acids present, prevents the access of oxygen to the surface, and protects the granulations. The author especially applies it to (1) atonic ulcers; (2) cases in which the skin is without epidermis, and in which there is danger of suppuration; (3) inflamed and painful sores; (4) wounds which require to be stimulated or to be withdrawn from the influence of air, or in which suppuration should be diminished or modified. Dr. Ohleyer has also used magnesia with good results in erysipelas of the face as an isolating substance.—*American Practitioner*, December, 1873.

Convenient Vehicle for the Exhibition of Castor Oil.

Pour into a tumbler about six drachms of syrup of sarsaparilla, add a scruple of bi-carbonate of soda, stir with a spatula, add a drachm of saturated solution of tartaric acid, and stir well; this makes a heavy viscid froth. Pour into the tumbler about an ounce of water, not allowing it to mix with the froth. Finally, add the oil, which can then be swallowed without adhering to the mouth, or even to the glass.—*Dr. H. T. Bond, in the Druggists' Circular. Detroit Review of Med. and Pharmacy*, January, 1874.

Tape-Worm.

Having a case of tape-worm to treat, I prescribed a decoction of the bark of the root of the pomegranate (*Punica Granatum*). "*Two ounces of the the bark to a pint and a half of water*—stand over night, then by gentle boiling reduce to a pint, strain and express the liquor; administer it warm in three doses, at intervals of an hour, before the patient breaks his fast. In one hour and a half from the time the patient swallowed the first dose, he voided, intact, a living tape-worm thirty-eight feet and three inches in length, and declined the third dose, insisting that "that was enough tape-worm before breakfast." EVANS.—*St. Louis Medical and Surgical Journal*, January, 1874.

Editorial.

Death of Professor Wm. Procter, Jr.

The March number of the Journal of Pharmacy, of which he was for so many years the Editor, contains the following announcement:

OBITUARY.

PROFESSOR WILLIAM PROCTER, JR., died February 10th, of heart disease, at the age of 57. On the preceding evening he had lectured at the College, and retired near midnight apparently in his usual health; about half an hour later he had breathed his last. Attended by numerous friends, by the students and members of the College, and by delegations from the Maryland College, the New York College and the New Jersey Pharmaceutical Association, his mortal remains were conveyed to Mount Holly, N. J. For a period of thirty-seven years his labors have aimed at raising the status of pharmacy, and have been of such importance and lasting value that the deceased may justly be regarded as the father of American pharmacy In a future number we shall give a biographical sketch, referring for the present to the obituary notices contained in the preceding pages.

Our acquaintance began with Prof. Procter in 1848, when we submitted to him our plans for the apparatus for making extracts in a vacuum. It was the first elaborate plan he had ever met with, and he took the same lively interest in its practical application and results that characterized his earnest interest in Pharmacy during his life. He made us several visits, and watched the development of what he at first regarded as almost impossible on a large scale.

Our correspondence has been very extensive and interesting, upon the subjects which would naturally grow up from the enterprise. And we always found him to be a just and good man, prompt and decided in his criticisms, and equally kind and generous in his commendations. At another time we shall publish the sketch of his life, which is promised in a short time. With pleasure we give these remarks of Drs. COLCORD and HANCOCK, in announcing his death to their respective Colleges.

Dr. JOHN F. HANCOCK, of the *Maryland College of Pharmacy,* offered the following tribute to his memory, at a stated meeting held Feb'y 12th.

Gentlemen—It becomes my painful duty to call your attention to an announcement that must strike keenly and deeply the cords of reverence and sympathy in every heart here present. It is the only sorrow from which the human heart refuses to be severed. A feeling of regret and sorrow comes over us when we see the icy hand of death placed upon a stranger; but what are our feelings when death comes to rob us of dearest loved friends? Can we look at their removal from our midst with hearts unaffected? No! Despite our efforts to disguise our feelings, which on such occasions spontaneously gush forth, and with full knowledge of the terri-

ble power of the unwelcome messenger, our hearts soften with sorrow, and our heads bow in humble yet mournful submission to the will of Him who gives and who takes away. He to whose memory we are called upon to pay tribute, was not a friend only but a benefactor also, not simply a benefactor of his personal friends, but also of his race. His escutcheon is as free of stain as is the spotless snow. We could not speak of his faults were we so inclined, because we know of none. We knew him only as the true gentleman, the confiding and trusty friend, the kind and affectionate husband and father, the devotee of a humanitarian science which in its practical bearings is a part of that profession which the immortal Hippocrates pronounced to be the greatest of all arts. In his profession he was always a consistent, steady, honest and persistent workman. The fruits of his labors are familiar to all. As a pharmaceutical chemist, and as a journalist who recorded facts only so far as he knew them to be such; as a high-minded honorable gentleman, who was unconscious of his own merits because of the simplicity and innocence of his moral nature, the name of WILLIAM PROCTER, Jr., will command reverence and respect wherever and whenever his name shall be mentioned in the presence of a pharmacist in any part of the civilized world. Should any person ever manifest so much ignorance as to inquire who was Wm. Procter, Jr., or what he accomplished, refer them to the volumes of the "American Journal of Pharmacy," which he so long edited, and to the Proceedings of the American Pharmaceutical Association, and implore them, not only to consult the general index of the works respectively, to ascertain the vast number of his original contributions, but to turn to the pages and read the communications which cannot fail to afford much valuable information. If there are any under the sound of my voice who did not know personally our friend and benefactor, he who has done more than any other man in this country to elevate the moral and intellectual standard of pharmacy, by diffusing the purity of its literature, I would respectfully refer them to a fair sample of his unostentational characteristic language, as shown in his resignation of his position as Editor of the "American Journal of Pharmacy," dated Dec. 27th, 1870, and published in the "Journal" of that year.

After the reading of this communication, notwithstanding the resignation occasioned expressions of regret on the part of members present, yet they knew the man so well that what he said he had good reason for and meant, though it was an unpleasant duty, yet it was incumbent upon them to comply with his request. A similar prompt action was taken when he resigned his professorship in the College, an action on his part greatly regretted by his fellow-members. But did he continue to rest from his arduous labors in the College? No; for we find his accommodating disposition surrendering his hand and heart to the College on the death of his co-laborer and friend, the late Professor Edward Parrish, and thus we find him, in the full armor of his usefulness, to within a few hours of his

death. It seems that even death had a kind and tender consideration for him; for so tenderly did the messenger come and steal him away, that his family were scarcely permitted to witness the agony of death, and he passed from earth to Heaven more like a midnight dream than a stern reality. Is he dead; he whom we all loved so dearly, and whom we looked to as a father for counsel and advice? It is hard to realize the fact. He is not dead! The purity of his life, and his works (though his body has become as cold and as lifeless as the adamantine rock) will live imperishably in our immortal memories, and, like the brilliant sun, will wax brighter and brighter until the perfect day.

Let us emulate his example. At least, to the younger members of our profession this is possible, remembering always that true genius is not born but made.

Let us resolve at this time that his virtues, industry and honesty of purpose shall serve us as beacons on the bleak shores of the stormy ocean of our lives, so that when the golden bowl is broken, and the silver cord is loosed, we may join him in the better land.

At a meeting of the Board of Trustees of the Mass. College of Pharmacy, held February 24th, 1874, Samuel M. Colcord, President of the College, arose and said:

On the 10th day of February. 1874, in the City of Philadelphia, William Procter, Jr., passed from the earth to his home in the spiritual world.

Probably no one in this country was so widely known and so dearly beloved by all who knew him as was William Procter, Jr., in all the ranks of the pharmaceutical profession. No pharmacist in this country has written so much, lectured so much, and performed so many public uses as has William Proctor, Jr. As a writer, a journalist, a professor of pharmacy, an original investigator, a fearless exponent of Truth and sound doctrine in our profession, William Procter Jr., stood unequalled. For the past quarter of a century he has been the recognized leader of all the public pharmaceutical work performed in this country.

Under his care the *American Journal of Pharmacy* came to outrank any other pharmaceutical journal in the world. The Philadelphia College of Pharmacy is greatly indebted to him for its success. He was one of the original founders of the American Pharmaceutical Association, and its success more than to any other person is due to the persistent efforts of William Procter, Jr. The United States Dispensatory contains constant reference to him as authority upon many points, and the United States Pharmacopœia in past years bears the marks of his masterly hands, but not so much as the work of its last revision shows the want of his presence on that Committee. William Procter, Jr., was the most noted man in our profession in this country; his earthly career has closed in the midst of his life of use, at the full height of his popularity; the record of his life is all clean progress, professionally, morally, spiritually; there are left to

us no *buts* and *ifs* to mar the glory of his fame; his life has been a life of use, strong and active, nothing of doubt, uncertainty or hesitation, but manly decision and persistent effort ruled his course. Possessing strong individuality, he left his mark upon all his work, but the element of selfishness is entirely wanting in his associated efforts; every work of a public nature performed by him was done for the sake of use or from a sense of duty; this was his first view as well as his second sober thought. It might have occurred to him "can I afford it?" but never "can I make more money?" As a friend he was firm, constant and true; as an associate he gave more than he received; in conversation he was instructive, agreeable and entertaining; a remarkably good listener as well as a good talker, but whether in thought, word or deed, nothing of virtue, value or use was ever sacrificed, diluted or modified for the sake of ornament. The fascination for naked truth with him was just in proportion to its power and force. Speaking for Pharmacy, I know of no man in our country who has done so much for our profession or who has accomplished so much in a life-time. I know of no man who will be missed so much; I know of no man whose place it is so hard to fill; but his life on earth will stand on record as a practical example of what a pharmacist's should be, for our guidance; and to those of us who had the pleasure of a personal acquaintanee, the name of William Proctor, Jr. will ever live sacred in pleasant memories, honored and cherished as the embodiment of every manly virtue, the highest type of honesty and intelligence as a pharmacist.—*American Journal of Pharmacy*, March, 1874.

Elixir Iodo-Bromide of Calcium Compound.

Extract from Letter of A. Oscar Noyes, Esq.

NORWAY, ME., March 2nd, 1874.

"I am taking your Elixir of Iodo-Bromide of Calcium Compound, for canker of mouth and stomach, of four years' standing, having during that time tried many remedies, and consulted some of our best medical authorities, all to no purpose.

I am now more free from it than I have been at any time during the past four years, and greatly improved in general health—and think I shall entirely recover from the disease by its use."

"Elixir Iodo" in Rheumatism, Neuralgia, Chills and Fever, Scald Head, Measles, &c.—

Gentlemen:—I have used the "Bromo-Chloralum" as a *disinfectant*, as *an injection in gonorrhœa*, as a *gargle in throat diseases*, and as an *inhaling*

mixture in bronchitis, chronic and acute; and allow me to say that in no case has it failed to accomplish more than I anticipated, and more than you claim for it.

I have also given the "Elixir Iodo-Bromide Calcium Comp.," a thorough trial as an *alterative* in various diseases—generally in those of long standing or chronic in character and general anæmia. Its use in my hands has been attended with great benefit in *Rheumatism Neuralgia* and other diseases originating from hepatic derangement, consequent upon long residence in miasmatic districts. I had a case of *Chills and Fever* which baffled every other prescription such as quinia, arsenic, and strychnia, until I prescribed "Elixir Iodo" in conjunction with your "Ferrated Wine of Wild Cherry" which has effected a permanent cure.

I have given it in 40 cases of *Measles*; and 2 cases of *Scald Head* with the "Solution Iodo" as an external application, and all are more or less benefited; so that my conclusions in regard to it—after using one dozen bottles—are, "that it has no superior as an *Alterative* in certain anæmic conditions arising from functional derangement." Besides using the "Solution Iodo-Bromide of Calcium Comp." externally in conjunction with the "Elixir Iodo" as before mentioned, I have used it successfully in certain cases, which I think indicate a wide sphere of usefulness for it, for instance—I have used it with great relief to the patient, as an *anodyne application* in various *Neuralgic affections*, also as a *liniment* in every possible contingency; in *Neuralgia of the womb*, that occurs in the latter months of pregnancy,—so annoying to many females—applied along the course of the pain, it has proven highly beneficial, affording relief in a few minutes to this terrible distress.

As a *liniment* I commonly add Tinc. Arnica or Aconite, sometimes I add alcohol, but seldom dilute with water.

M. VROOMAN, M. D.

Weston, Oregon, February 1st. 1874.

Chronic Enlargement of the Liver and Spleen, Associated with Rheumatism.—

Eaton Rapids, Mich., Feb. 2, 1874.

I am using your Elixir Iodo-Bromide of Calcium Comp., with marked success, in a case of chronic enlargement of the liver and spleen, associated with rheumatism. Patient was somewhat emaciated; organs of assimilation and digestion very much impaired; almost entire loss of appetite, and very low spirited, at the time I commenced treatment. My course of treatment was the following:

℞ Elixir Iodo-Bromide Calcium Comp.....Oj.

Take a teaspoonful, one hour after each meal, in a wine-glass of water; after one week, increase the dose to two teaspoonsfull.

The effect was truly wonderful; the patient's appetite returned; rheumatic pains subsided; and, in short, the patient improved as rapidly as a patient could, laboring under such a complication of diseases; and,

at the present writing, is nearly, if not entirely well. I have no hesitation in pronouncing the Elixir Iodo-Bromide of Calcium Comp., one of the most efficient and satisfactory anti-scrofulous preparations I have ever used; but its sphere of usefulness is by no means confined to scrofula. It has an application as diversified as the term "alterative" can make it.

S. M. WILKINS, M. D.

Ulcerative Destruction of the Femur.

Milan, Rock Island Co., Ill. Dec. 18, 1873.

Geo. H., aged 19 years affected with ulcerative destruction of the lower third of the femur of the right leg one third posterior surface of the circumference of the shaft with the entire internal structure for six inches or more in length destroyed. Constitutional disturbance corresponding with the gravity of the local lesions.

The cure had been abandoned as hopeless save the bare possibility, in the very low condition of the patient, of recovery by amputation. Treatment, removal of as much of the dead bone as could be done without inflicting severe pain through washing of the entire diseased surface by injection of Bromo Chloralum diluted once or twice daily.

Constitutional treatment. The use of Elixir of Iodo Bromide Calcium Compound in doses of one to two teaspoonfuls three times a day resulting in complete recovery. This was a most remarkable case and his recovery due to these two agents.

A. R. LOGAN, M. D.

Scrofula.

Extract from letter of PETERFIELD TRENT, M. D., Richmond, Va. "I have seen most marked effects from the use of the "Elixir Iodo Bromide of Calcium Comp.," especially in a case of Scrofula. I had used blisters, Iodide of Potassium, Syrup Ferri., Iodide, etc., but to no avail; despairing of success, I concluded to give your "Elixir Iodo" a trial, and by the time one bottle was used, my patient could open his eyes; which for upwards of a month he had not been able to do, owing to intolerance of light. In another child I used it for Eczema, which had baffled another physician, free use of Sarsaparilla, Syrup Ferri Iodide and Potassium Iodide, a complete cure followed the use of the "Elixir Iodo-Bromide of Calcium Comp."

Leucorrhœa, Catarrh, Ulcerative and Cancerous Diseases.

Extract from letter of GEO. WILLIAMSON, M. D., Belvidere, Iowa.—"I have been using the "Iodo-Bromide Calcium Comp.," for about a year, and have treated about a hundred and fifty cases with it in that time; and have never been disappointed in its effects. I think it is, beyond doubt, the most valuable alterative we possess; and has a wider scope of usefulness than any remedy I know of. I have treated several cases of *Cancerous* diseases, using it as an internal remedy and found great benefit to be derived from its use. In internal *Leucorrhœa*, I use the Elixir internally and the Solution externally,

with wonderful success. I have found no case of *Uterine Leucorrhœa* which did not yield to the use of this remedy, and that is more than can be said of any other remedy in use. I consider it supreme in the treatment of *Leucorrhœa, Catarrh, Ulcerated and Cancerous Diseases, Enlargement of the Glands,* and *many of the Skin Diseases.* If I had time I might particularize more, and give you my experience with the "Iodo," citing cases where permanent cures had been effected by its use, which had hitherto been considered incurable.

Belladonna in Neuralgic Ophthalmia.

By M. E. Dozier, M. D., Attala, Ala.

It is not my purpose to speak of the various affections in which I have found this valuable agent beneficial, but simply to call attention to its efficacy in a case of ophthalmia which recently came under my treatment, which had obstinately resisted prolonged treatment with collyriums, ointments, cupping, and antiphlogistics. This case was relieved almost instantly by one application of the fluid extract balladonna to the orbits and temples. The pain was very distressing, and of a neuralgic character, which latter was probably the cause of the inflammation; consequently, we can understand how the cure was effected, for belladonna is acknowledged to be one of our most efficient anti-neuralgic remedies.

Bromide of Potassium, as a Prophylactic to Mercurial Ptyalism.

By M. E. Dozier, M. D., Attala, Ala.

Chlorate of Potash has long been the favorite anti-ptyalitic remedy with the medical profession, and is, with the majority of physicians, at the present day; and was, until a few years since, held in high esteem by myself as such, and no doubt is a good prophylactic remedy for ptyalism; but experience with the Bromide of Potassium has induced me to abandon the chlorate almost entirely, as the Bromide answers the purpose more satisfactorily. The latter not only relieves the irritating effects upon the mucous surfaces—but, in addition, induces soothing and quieting effects, which, certainly, is much to be desired.

Asclepias.

Great Falls, N. H., Feb. 3d, 1874.

Messrs. Ed. Journal Materia Medica:

While examining the large and beautiful collection of drugs in the cabinet of materia medica of Dr. Tufts, of Dover, one of the finest in the country, my attention was called to the January number of the Journal, and particularly the article on Asclepias. This is a favorite with

me in some cases, and I was pleased to have seen it brought prominently to notice. Just before reading the article, a young man had applied to me, who feared some serious trouble with his lungs, having had for some months pain on both sides of the chest, and difficulty of breathing, but no cough except occasionally perhaps from a cold. His treatment had been blisters, iodide of potassium, etc., but without avail. My diagnosis, after a careful examination, which revealed no disease of the lungs, was chronic intercostal rheumatism, and I at once prescribed:

℞ Fl. Ext. Asclepias..... ℥ ii.

S. Thirty drops, three times a day, before meals. I also advised him to use frictions over upper part of the spine, of the following:

℞ Ol. Origan.....
Ol. Olivæ.....
Tr. Opii.....
Aquæ Ammon.....aa ℥ i.

S. Use as a liniment, every other night. The relief was marked and immediate.

The above testimony in regard to the value of Asclepias, in chronic rheumatism, may be of value to your readers.

Very truly yours,
ALBERT N. GOULD, M. D.

Gelseminum as an Anti-spasmodic and Parturifacient.

BY T. M., M. D.

Was recently called to a case of experiment.—Patient had endeavored to conceal her pregnancy, and by mismanagement had induced a condition bordering on puerperal convulsions.—Pulse rapid, eyes dilated, clammy perspiration, &c. Having with me no other more suitable medicine than the fluid extract of Gelseminum, I immediately prescribed that in ten drop doses, and improvement at once set in—and in ten minutes dose repeated—She very soon became quiet and in one half hour was safely delivered.

Our next number will contain an article by I. J. M. Goss, M. D., of Marietta, Ga., also an article on *Typhoid Fever*, by J. B. Hoag, M. D., both of which were received too late for publication in this number.

☞Correspondents will oblige us by writing plainly their *names, Town, County and State.* We are frequently unable to answer letters because these are omitted.

THE

Journal of Materia Medica

DEVOTED TO

Materia Medica, Pharmacy and Chemistry.

Vol. 13.] APRIL, 1874. [No. 4.

Communications.

ASPIDIUM FILIX MAS.
(*Male Fern.*)

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Filices, *Jussieu.*

In the Linnean System, this plant will be found in Class *Cryptogamia*, and in Order Filices,

GENERIC CHARACTER.—Sori scattered, roundish, on various parts of the whole lower surface of the frond; involucre a kidney-form or round membrane, fastened to the frond in or near the centre of the fruit-dot, and opening on all sides, or to one side of the fruit-dot, and on the other opening. (The involucre, when a little opened is often peltate.)

SPECIFIC CHARACTER.—Frond doubly-pinnate, lesser leaflets oblong, obtuse-serrate; serratures beardless; fruit-dots of the middle-rib approximate; stipe and rachis chaffy; 2 to 3 feet high. A variety, *erosum*, lesser leafets erose-serrate, more remote.

HABITAT.—Both Hemispheres.

PART USED.—The Rhizome.

MEDICAL PROPERTIES.—By some writers this plant is thought to possess tonic, and alterative, as well as anthelmintic properties; generally used for its last mentioned property.

WARING'S remarks relative to the Med. Prop. and action of this Fern are as follows:—"Anthelmintic. It contains *a volatile oil, a resin* and a *fixed oil* The Ethereal Extract (Extractum Filicis Maris). It contains the volatile and fixed oil, and resin in solution. Male Fern appears to act specifically on the worms, as they are mostly discharged dead, after the medicine has been taken, as directed. Mr. SQUIRE states that an extract of the unexpanded frond is equally effective with that of the rhizome."

HISTORY.—Aspidium, Gr., *aspis*, a small shield, from the shape and position of the involucres. This plant has been changed from one genus to another; the Author of the *Universal Herbal* put this fern into genus Polypodium, and describes 139 species as belonging to it.

THOMAS GREEN, the Author of the *Botanical Dictionary*, states:—"Male Fern seems to have the same qualities with the *Petris Aquilina*, or common brake. Both are burnt for their ashes, which are sold to soap and glass makers.

The bishop of Drontheim relates, that the curled leaves, at their first appearance, are boiled and eaten like asparagus; and that the poorer Norweigians cut off those succulent laminæ like the nails of the finger, at the crown of the root, which are bases of the future stalks, and brew them into beer, adding a third part of malt; and in times of great scarcity they mix it with their bread." The same author adds, "that cut green, and dried in the open air, it affords not only an excellent bitter, beet, but infused in hot water, becomes no contemptible fodder to goats, sheep, etc., which will readily eat, and sometimes grow fat upon it. The root has been greatly celebrated for its effects upon the tænia or tape-worm; and this quality was known to the ancients, though notwithstanding its subsequent recommendation by HOFFMAN, it was generally neglected, till Madame NOUFER, a surgeon's widow in Switzerland, employed a secret remedy as a specific in the cure of the tape-worm. The principal physicians at Paris being deputed to make a complete trial of its efficacy, it was purchased by the King of France, and afterwards published by his order. (Madame NOUFER, received eighteen-thousand livres for making known this remedy). After the patient, has been prepared by an emollient clyster, and a supper of panada, with butter and salt, he is directed

to take in the morning, while in bed, a dose of two or three drachms of the powdered root, one drachm being the dose for infants. The powder must be washed down with a draught of water, and two hours after a strong cathartic of calomel and scammony is to be given, proportioned to the strength of the patient. If this does not operate in due time, it is to be followed by a dose of purging salts; and if the worm be not expelled in a few hours, the process is to be repeated at proper intervals. The Author continues: "That this treatment has been successful, there is abundant evidence; but whether the Fern root, or strong cathartic, is the principal agent in destroying the worm, has been doubted, although it does appear from experiments made in Germany, that the tape-worm, has been expelled by giving the root repeatedly without the addition of any purgative. MEYRICK says, the roots when chewed are at first sweetish, but soon become nauseous and bitter. Some people make use of them to destroy worms in children, others to remove obstructions of the viscera, and a third class to cure rickets." The germs are said to be the most active portions of the plant. The most suitable time to gather the fern, the close of summer. Dr. Stillé, in discoursing upon the history of this article, observes:—"PLINY describes two species of fern, of which one is the male. He says that these ferns destroy intestinal worms, tæniæ when mixed with honey, and other sorts when given in wine. They are more sure of their effects, he adds, when associated with scammony. This Author states that they are apt to induce barrenness, and also abortion in pregnant females. The same account is given by DIOSCORIDES, THEOPHRASTUS, GALEN, PAULUS, ÆGINETA, and by the Arabian writers, who also recommend male fern for bruises and rheumatic pains. In the sixteenth century, GERARDE and VALERIUS CORDUS, and in the seventeenth century SIMON PAULUS and SENNERTUS, refer to its vermifuge properties; and at the close of the eighteenth century they were more particularly described by WENDT."

THERAPEUTIC EMPLOYMENT.

For the Destruction of Worms.—From authentic records we are informed that the rhizome, of this plant, was employed by the ancients for the destruction of the Tape-worm. However widely circulated might have been its fame, or however highly valued, it

fell into disuse, remained in obscurity for ages, and very little was known relative to its merits until about the middle of the eighteenth century, at which time a nostrum came into vogue in Europe, which obtained great celebrity as an infallible remedy in cases of tape-worm. The base of this secret remedy was ascertained to be the rhizome of this fern. PESCHIER, of Geneva, employed the *Ethereal Extract*, which has since been extensively used, and according to the reports with the best results. DUNGLISON remarks, that this extract possesses the advantage of being by no means unpleasant to the taste and to be accompanied by none of the disagreeable effects that are associated with the action of most other vermifuges. DUNGLISON continues:—"To prepare the extract, the *root* is cut small, and digested for ten or twelve days, in the cold, in a sufficient quantity of *sulphuric ether*; the tincture is then pressed, concentrated by distillation, and the ether thereby fully removed. From a pound of the root, about eighteen drams of a brownish-green thick extract are obtained, which possesses the repulsive odor of the plant, and has an acrid taste. In Germany, the extract is generally prepared according to the formula of the Prussian Pharmacopœia, which is as follows:—Take an ounce of the *powdered root*; and pour thereon eight ounces of the *sulphuric ether* of commerce; close the vessel, shaking it occasionally, and let it stand until the fluid has acquired a yellowish color; then separate the fluid as before described; distill off the sulphuric ether until only a third remains, and evaporate the remainder in a water-bath, until a thin brownish-yellow colored extract remains. This extract contains not only the volatile oil of the fern, but also a fixed oil, tannic acid, acetic and gallic acids, a muco-saccharine matter, green and red coloring matter, and a semi-resinous substance. By some it is called oleum filicis maris. The active constituents of the fern are highly concentrated in it; and as the result of numerous trials, it was found, that from eighteen to twenty grains, given at night, and the same quantity in the morning, fasting, destroyed tænia; so that, on the administration of a cathartic, the parasite was discharged—often in the form of a ball. Not unfrequently, indeed, it was voided before the cathartic was given.

In Germany, this new preparation has been chiefly recommended by Hufeland, who maintained, that in rapidity, certainty, and gentleness of action, it exceeds all known means, and many other physicians have testified to the accuracy of this opinion. Radius, who frequently prescribed it, says he never gave it without bringing away large pieces of the worm, but frequently the head remained behind. Peschier had found it to be successful in one hundred and fifty cases when he wrote; Ullersberger had used it in sixty cases, and a medical friend of his in two hundred cases, with invariable success. It is affirmed to have proved more successful in cases of *Bothriocephalus latus* than of Tænia solium; and a part of the discrepancy of results amongst observers has been ascribed to this circumstance. For example, it has not been found as effective in the treatment of tænia at Paris; and the tænia most common there is *Tænia solium.*

Buchner thought that the extract might be prepared with alcohol; but many physicians have objected to this menstruum, that it does not dissolve the fixed oil. The male fern is preferred by M. Rouzel, to the bark of pomegranate root, in the treatment of tænia; and by Drs. Christison and Albers, and J. Hughes Bennett, it is placed above all other remedies. "My experience," Dr. Christison remarks, "of the male shield-fern, corresponds precisely with the much more extended observations of M. Peschier, at Geneva, more than a quarter of a century ago. I am persuaded, therefore, that it is easy, with a few simple precautions, to obtain, from a common indigenous plant, a more efficacious and less disagreeable anthelmintic for the expulsion of tænia, than from either the Abyssinian kousso, the Continental pomegranate, or American turpentine." "It is surprising," he adds, "that Peschier's observations, made on a very large scale, indeed, have attracted so little attention in Britain until the late notice in the Edinburgh Monthly Journal. I can only say this has not been for want of a strong recommendation on my part, both in my lectures, constantly, since 1833, and also in my Dispensatory, when first published in 1842." The fern appears to act as a poison to the worm, and destroys it, and its expulsion follows as a sequence, whether a purgative be administered or not. Stille mentions, that it occurred to Peschier, that the oil

(or volatile extract) discovered by Morin, in the male fern, might possess its anthelmintic properties, accordingly he administered it in doses of from eight to twenty or thirty drops, succeeded by a mild purgative; this course was followed with such perfect success, that in a short time he could reckon one hundred and fifty cases cured by its means. Ebers, of Breslau, is quoted by Stille, as having used an alcoholic extract, which, however, requires to be given in larger doses than the ethereal preparation. He claimed that it always acted mildly, and with great certainty. Fouchon, of Neufchâtel, inclosed the oil in gelatin capsules, which he administered with success. (*Edinb. Month. Jour. v.* 674.) Dr. Stille observes in his Therapeutics and Materia Medica, vol. 2, p. 747: "Many others have furnished equally favorable reports of this preparation; but the only one whom we shall cite is Dr. Christison, who reports the results of upwards of twenty cases of tænia, treated by the oleo resinous extract. In every case the worm was discharged after a single dose, and usually in one mass. In some, it was brought away without any laxative, and for the most part, without pain or other uneasiness, though, occasionally, with griping, sickness and vomiting. He administered the medicine in doses of from eighteen to twenty-four grains." TILDEN'S extract of this agent is a safe and reliable remedy for the destruction of tænia.

Biddle's Materia Medica, page 353, speaks as follows: "Male fern possesses tonic and astringent properties; but its chief use is to cause the expulsion of tænia, which it destroys by a specific action. Its efficacy, in this respect, has been long and well attested. Dose of the *powder*, ʒ i–iij, in electuary or emulsion, night and morning, for one or two days; of the ethereal extract, gr. x–xx, repeated; and, in both cases, a cathartic is to be afterwards given."

The ethereal extract is mentioned by many as the oil of fern. Pereira by Wood, page 317: "A pound of the rhizome yielded Soubeiran an ounce and a half of thick, black oil. The *dose* is from half a drachm to a drachm, in the form of electuary, emulsion, or pills; an hour afterwards, an ounce or an ounce and a half of castor oil should be exhibited."

PREPARATIONS.

Solid extract, - - - - -	Dose, 9 to 15 grains.
Pills, - - - - - -	2 grains each.

COMPOUND PILLS OF MALE FERN.

Solid Extract of Male Fern, - -	Two scruples.
Gamboge, - - - - - -	Fourteen grains.
Calomel, - - - - - - -	" "
Scammony, - - - - - - -	Eighteen grains.

Mix, and divide into twenty pills.

In tape-worm, - - - - - - *Cadet.*

TREATMENT OF TYPHOID FEVER.

BY J. B. HOAG, M. D., KNOX, STORK CO., IND.

I have been induced to give my views of Typhoid Fever, and my treatment of it to the Profession, from the fact of my having had, in a practice that has extended through more than two decades of years, no little, experience in it, and have, from studying its pathology and from watching the action of different medicines, been influenced to pursue a different course of medication, from that usually pursued by medical practitioners. The mode of treatment which I have adopted, has been in my hands eminently succcessful, having never in the course of my practice lost but one case, and the loss of that was evidently due, entirely to neglect of proper care in nursing.

All physicians are aware that in the forming stages of this disease the symptoms are so obscure, that it is very difficult to correctly diagnose it, or in other words decide whether we are to have a case of billious intermittent fever, or typhoid fever to contend with. We see increased arterial action, nervous excitement, cappillary debility, and perhaps tenderness of the abdomen.

At the risk of exposing myself to the severest criticisms, and even the ridicule of those of the profession who from entertaining long established opinions, think otherwise. I am free to assert, that in this stage, if the proper remedies are used the disease can be arrested, and aborted.

The course I pursue in this case, is to have the patient thoroughly sponged, and a strong stimulating liniment applied, with considerable friction to the entire length of the spine, twice a day. I usually use the following formula, viz:

℞ Aqua Ammo. - - - - - - ʒ vi.
Spts. Eth. Nit. - - - - - - ℥ iii.
Gum Camph. - - - - - - ʒ iv.
Ol. Juniper, - - - - - -
Ol. Sassafras - - - - - -
Ol. Cedar, ää - - - - - - - ℥ iv.
Chloroform, - - - - - - ℥ i.
Mix.

This is done to arouse the action of the nervous centres. At the same time, in order to counteract the nervous excitement, arouse the debility of the capillaries, and gently unload the intestinal canal without producing irritation. I prescribed as follows, viz:

℞ Syr. Rhei - - - - - - - ℥ ii.
Fl. Ext. Valerian - - - - - - ʒ vi.
Fl. Ext. Scutelarie - - - - - ʒ iv.
Ol. Sassafras - - - - - - gtts. xii.
Piperin - - - - - - - - grs. v.
Sub Car. Soda - - - - - - - grs. xii.
Mix.

Care should be taken to mix the oil sassafras and the piperin, thoroughly with the syrup, before the other articles are added, otherwise it will be difficult for the patient to take it on account of its having too acrid a taste but by paying attention to this precaution it will not be unpleasant. Of this compound I give to an adult, a tablespoonful every three hours, in twice the quantity of milk, until the nervous disturbance is quieted and the bowels gently moved. If much tenderness of the bowels be noticed I apply a poultice of hops and mustard to the abdomen, alternating it with applications of the liniment. By pursuing this course, on the second or third visit, I usually discharge my patient cured. When, on the other hand, I pursued the usual course of mercurial cathartics, etc., the case culminated in typhoid fever, which required my attention, and kept the patient confined to his bed three weeks or longer. But if I were called too late, and the

case showed the unmistakable symptoms of typhoid fever, an additional course had to be pursued.

In the first years of my practice I depended almost solely on a compound formula of gum arabic, balsam of copaiba, spirits of turpentine, refined sugar, etc. This always produced the desired effect, but was so repulsive and dreaded by my patients that I set myself to studying the character of the disease more thoroughly, and the therapeutic agents to meet the indications; and indeed I have found a "more excellent way."

The first indication is to allay the intestinal irritation. To do this s b nitrate of bismuth meets the indication. The next is to sustain the sinking powers of the system. Carbonate of ammonia and wine meet this indication. The next is to guard against putresence. Chlorate of potassa fills this indication charmingly, I then have my formula thus:

℞ Sub Nitrate of Bismuth - - - ʒ ii.
Carb. Ammonia - - - - - - ʒ i.
Chlorate of Potassa - - - - - ʒ iss.
M. f. in ch. no. 20.

One to be given in a teaspoonful or two of good wine every three hours, repeating the wine between the powders if necessary. Sometimes the patient will be troubled with tenesmus. This is generally relieved by small doses of pulv. opii. If prostration occur, I give one or two grains of quinine every two or three hours, as long as required.

All practitioners know that in this disease drastic purgatives are not to be tolerated, but it occasionally occurs that the bowels require to be gently moved. To do this and avoid nervous disturbance, I use the following pill:

℞ Rhei. - - - - - - - - grs. xxx.
Piperin - - - - - - -
Valerianate Zinc - - - - -
Ext. Glycyrrhiza - - - - - - ää grs. x.
Cimicifugin - - - - - - - grs. xii.
Oil Sassafras - - - - - - gtts. xx.
Mix. fiat pill, no. 30.

Give one pill every three hours as long as necessary. If the bowels become tympanitic, I give small doses of turpentine.

This, with daily sponging the patient's body in tepid water, in which a quantity of sal-soda, has been dissolved; light, bland food, changing the patients clothes and the bed-clothes daily, constitute my general treatment in typhoid fever, varied as occasion requires, and better success than I have had in this disease, I could not ask for.

All through the course of the disease, from its inception until I dismiss my patients, I have them drink freely, and often of a strong infusion of Cinquefoil (*Potentilla Canadensis,*) and I have seen the use of this alone, cut short the disease, and effect cures in cases that were given up as hopeless. This plant is found in all parts of the United States, growing in old fields and the corners of fences, the leaf bearing a resemblance to the strawberry, but having five instead of three. It was first used in this disease by accident, and its good results astonished all who were cognizant of the facts. I first used it in a case that another physician and I had decided was hopeless. In spite of our fears, the case terminated favorably, improvement being marked from the commencement of using this remedy. Since then I have never treated a case of typhoid fever without using it, if it could be procured.

I find on search, this remedy has long been used beneficially in diarrhœas, and dysenteries, and hence conclude it must have a specific action on the mucous membrane of the intestinal canal. I would commend my method of treating typhoid fever to all physicians in all latitudes, and hence request *all* medical Journals to copy this article. I make this request, not because I have the conceit to believe that the style or diction particularly recommends it to favor, but because I am certain that by the adoption of my course of treatment, the Profession will be able to engage successfully with what has justly been regarded as a most formidable disease. In relation to several articles that I have recently written for different Medical Journals, I have received letters of enquiry from medical gentlemen in different parts of the country, and I embrace this opportunity to announce my readiness to reply to all such letters from any source.

THE USES OF ERGOT.

A number of papers have lately appeared on the use of ergot, which is now being largely employed in medical practice. We propose here to report the conclusions arrived at by some of the writers:

Dr. DANIEL KITCHEN, whose investigations on conium we reported last year, has studied the action of ergot in nervous diseases (*American Journal of Insanity*). He finds speedy relief from various forms of headache is afforded by a dose of ergot, and particularises:—

1. Headache depending on plethora or fullness of blood.
2. Headache from anæmia.
3. Headaches depending on changes in brain-substance and the membranes.
4. Epileptic headaches.
5. Migraine.
6. Headache depending on disordered menstruation.

He reports ten cases of epilepsy and insanity in which marked and beneficial effect was noticed following the use of fluid extract of ergot and ergotine, either alone or in combination with sulphate of quinine and other remedies.

Ergotine may act in two ways: First, directly on muscular fibre, in the same way as any other stimulant; second, through the nervous system, principally the ganglionic. The immediate effect of ergotine on the blood-vessels is marked and rapid; the pulse is increased in force and volume; the slow and wavering pulse becomes full and strong. The power of ergotine is manifest, from its value as a hæmostatic in reducing the size of blood-vessels.

About one-hundred patients with plethoric headache took ergot, and in nearly all the attack was cut short in half an hour. In this form, the pain is mostly at the back of the head, and there is throbbing of the temporal arteries. There were few cases of cerebral anæmia, but they too found relief. In them, Dr. KITCHEN thinks the cerebral vessels are lax. Ergot, he says, contracts vessels, thereby giving tone to the arterial system. This would send the blood more quickly through the brain, but it hardly explains how the drug should be equally useful in plethoric and anæmic headaches. Still Dr. KITCHEN says it is, and gives us the following conclusions, as the result of his experiments with ergot and other drugs:

1. Benefit of combination with bromide of potassium in epilepsy.

2. It is apt to produce cramps and pain in the stomach, which is remedied by combination with conium.

3. In nervous diseases it soothes all renal irritation and catarrh of the bladder.

4. It dilates the pupil sufficiently to be noticed.

5. It increases both frequency and tension of the pulse.

6. Has no appreciable effect upon the heat of the body.

7. In large doses it produces the same effect as conium, by inducing sleep.

8. Its beneficial action in delirium tremens, after bromide of potassium has failed.

9. It combines readily, in the form of a pill, with sulphate of quinine.

10. It is a cerebral sedative.

11. Ergotine possesses an advantage over the alcoholic extract, in not producing any pain or cramps in the stomach, and is given in smaller quantity.

12. Ergot is not likely to be adulterated, and we always secure an appreciable effect after its administration.

Dr. HUBERT remarks (*Mouvement Med.*, Nov. 22,) that ergot provokes and augments uterine contractions; how is it that it can relieve amenorrhœa? It is because it acts on the unstripped muscular fibres of the ovaries as well as of the uterus. In the case of uterine hemorrhage, ergot suppresses the bleeding by bringing about contraction of the vessels of the uterine mucous membrane, and also of the muscular fibres of the ovaries. In amenorrhœa, this same agent whilst bringing on the contraction of the muscular fibres of the ovaries, favors the detuscence of the Graafian vesicle and the fall of the ovule.

In puerperal hemorrhage, whether in the metrorrhagia of the first five months of pregnancy, or those which appear in the last three months, and during labor, or immediately after delivery, ergot is prescribed with advantage. It is the same with non-puerperal metrorrhagia.

In chronic metritis, ergot has also been employed as a solvent, but this should only be (says Dr. GALLARD) in the early stage, and when especially there is no concomitant inflammation of the mucous membrane.

As to varieties of hemorrhage, epistaxis, hæmoptysis, hæmatemesis, these are not comparable with those from the uterine cavity.

The ergot is administered in powder in doses of five to ten grains, from four to eight times in twenty-four hours, in infusion or decoction, in the dose of four grammes in 500 grammes of boiling water (one drachm in sixteen ounces), or the aqueous extract of Boujeau is used.

On this subject the chemist of Chamberg observes that there are two principal constituents in ergot—the first ergotine, and the second a poison.

M. TRIPIER follows the example of M. de Saint-Germain in cases of Faradisation, instead of giving ergot to promote uterine contraction, but he only uses it five or ten minutes at a time (*Jour. de Med. et de Chir.*) instead of twenty minutes, as proposed by M. de Saint-Germain. M. TRIPIER passes the current from the sacrum to the pubic region. The delivery is hastened, the placenta speedily expelled, and no ill consequence results to mother or child.

DRASCHE attributed distention of the bladder after the use of ergot to its causing retention of the normal quantity of fluid secreted. WERNICH, however, believes (*Centralblatt*) that the drug increases the urinary secretion. It is obviously desirable to bear in mind the possibility of this in obstetric cases. Whichever explanation be correct, it may be desirable to direct attention to the bladder whenever ergot is given. It is stated by WERNICH, that in one case where ergot had not any effect on the progress of the head, although it produced strong pains, the bladder was distended, and as soon as it was emptied, advance took place.—*The Doctor.*—*Nashville Journal of Medicine and Surgery*, Jan., 1874.

THE INTERNAL USE OF ACONITE IN NEURALGIA.

A. LESLIE MEASE, M. B., of Armagh, Ireland, writes as follows to the editor of the London *Medical Times and Gazette*:

I send you a few notes of cases showing the great use of tincture of aconite, both alone and in combination with other remedies, in neuralgia and muscular rheumatism. I now speak of its *internal* use, in contradistinction to its *external*. I give five

cases, each the representative of a different class of the same affection:

Case 1.—Mrs. D——had been for some time under my care for violent paroxysmal neuralgia of the face, partially due to carious teeth, and partially to gastric derangement. As she would not have her bad teeth extracted, nor attend to her digestion or bowels, I was perpetually trying to invent something new to mitigate the agony she suffered. On August 29, she began to take tinct. aconit. *m*x., tinct. colchici *m*iij., brom. potass. gr. v., each third hour, with spt. chloroform *m*xx. Having been prepared for this treatment by a purgative, on the 30th, she had almost, and on the 31st completely recovered; and this happy state of things lasted for six weeks. Of course, in this case, extraction of the bad teeth and proper attention to the digestive organs, would have afforded most hopes of a radical cure.

Case 2.—Mrs. L. M——, in fourth month of pregnancy. Headache, vomiting, very violent pains in back and legs, producing horrible distressing twitchings of the latter. After a dose of magnesia (effervescent citrate), she began to take the following each third hour; bi-carb. potass. gr. v., brom. potass. gr. ij., tinct. aconit. *m*v., acid hydrocyan. dil. *m*iij., spt chloroform *m*xx. In about an hour the pain and twitching began to diminish, and in nine hours only stiffness and soreness of the muscles reminded her of what she had suffered.

Case 3.—Miss F——, a hysterical subject, with facial neuralgia, coming on at night and totally preventing sleep. No carious teeth. Tinct. aconit. *m*x., brom. ammon, gr. x., spt. chloroform, *m*xl., was found to give a good night. Attention first of all, having been paid to the state of the bowels.

Case 4.—Mr. S——neuralgia testis, not very severe, but accompanied by a tendency to spermatorrhœa. The latter got better under treatment, but as the pain continued, I ordered the following; Tinct. perchlor. ferri *m*xij., tinct. aconit. *m*iv., spt. chloroform, *m*xv., twice daily, with infusion of quassia and a pill at night, containing camphor gr. ij., ext. hyoscyami gr. ij., pulv. aconit. gr. ss. This was efficacious in removing the pain in about ten days; but I may remark that even this amount of aconite produced so much tingling in the patient that he was constrained to take the mixture but once daily.

Case 5.—I myself, for years, have suffered, off and on, from severe muscular pains, in the lower extremities in particular, and I rarely ever find that two doses of tinct. aconit., from *m*x. to *m*viij. in each, at an interval of two hours, fail to give complete relief.

I have now given five cases, each a representative of a different class of rheumatic and neuralgic affections in which I have found the internal use of tincture of aconite exceedingly useful. It remains for me to say in what class of cases I have not found such good effects. They are two—first, in acute rheumatism attacking the joints; and, secondly, in lumbago, its internal use has proved of much less value. In the latter affection, however, complete relief may often be obtained by the application of chloroform liniment, aconit., and liniment belladonnæ, in equal parts on lint, with oiled silk over it.

In conclusion, I would add that constipation, or a disordered state of the stomach, or both, should be remedied before commencing the use of aconite, or *at least* in such cases, suitable remedies for the relief of such a state of things should be combined with it. As a rule, aconite seems to have more effect, when combined with spirit of chloroform than when taken alone—at least as far as my experience goes.

It is well to commence with a small dose, as I know of no remedy so variable in its effects on different constitutions. I have seen a single dose of eight minims produce decided tingling *all over the body* in an adult, and I have given as much as twenty minims each third or fourth hour without any tingling at all.—*Cincinnati Med. News*, March, 1874.

IODIDE OF POTASSIUM IN SYPHILIS.

The value of mercury in syphilis has been so amply vindicated by Mr. Hutchinson, that we may be excused from looking longer on this side of the picture; but there is another which is of equal or greater interest. As well pointed out by Mr. Hutchinson, syphilis is a malady more or less approximating to the characters of an eruptive fever, and tending like these to terminate of its own accord, with the evolution of certain symptoms. What Mr. Hutchinson has laid down as regards mercury, and what, in another column, Dr. Wilks corroborates, is that mercury distinctly

interferes with the evolutions of these symptoms, cuts the various stages short, and acts as an antidote to the specific poison which gives rise to the symptoms in question. But whether the due course of the malady be interfered with or not, it tends to limit itself and to come to a spontaneous end. But when the end has come, the individual does not cease to be liable to suffering; he ceases to be a source of danger to others, for the disease in this stage can no longer be propagated by him—except, indeed, we accept the theory recently advanced by Mr. DeMéric, that a simple sore in such a patient is capable of propagating syphilis. But he becomes liable to certain evils of no mean importance, such as periostitis, disease of bones, deposits of gummy matter in nearly all the organs of the body, rupia and spreading ulcers of the skin and other parts, to say nothing of waxy degeneration of many different organs. Now, these evils are directly consequent on syphilis, yet they are not, strictly speaking, due to syphilis; they are sequelæ, and must be treated in a totally different fashion from syphilis itself. During the period of syphilitic eruption, it is questionable whether iodide of potassium is of the slightest value, whilst mercury, undoubtedly, exercises a most important influence on the evolution of the disease; but in this stage, which is commonly spoken of as the tertiary stage of syphilis, the value of iodide of potassium is just as unquestionable as is the value of mercury in the earlier phases of the malady. It is a very important question for us to settle, if settle it we can. What is the value of mercury in this after-stage of syphilis? Suppose we see a patient with well-marked rupia, with periostitic pains, and other signs of tertiary syphilis, who, nevertheless, has not taken mercury, what should we do? The first thing to note is that such symptoms, though usually sequelæ, may occur in the active stage of syphilis; and as long as syphilis is active, mercury will be of use; but as soon as the active symptoms have passed away, and the so-called tertiary stage begins, we must abandon the attempt to cure by mercury—we must give iodide of potassium. It is not always easy to say where the one stage ends and the other begins; but, broadly speaking, tertiary syphilis or the sequelæ of syphilis, may be laid down as beginning with the stage of gummy deposits; and wherever these exist, iodide of potassium, and not mercury, should be given.

There is one matter of great interest with regard to the giving of iodide of potassium in such cases. Under ordinary circumstances,

if we give a patient a dose of fifteen grains, three times a day, we shall soon have him running at the nose and eyes, and with a rash all over his skin; but in the sequelæ of syphilis we may give twenty, thirty, or even sixty grains every four hours, and only benefit accrue.

Iron and quinine are always of service, as we might almost conclude *á priori* from the pallid and anæmic look of such patients; but cod-liver oil seems often of even greater value, as it is in chronic rheumatism. But, over and above these, sarsaparilla is of undoubted efficacy. Many people think little of its effects, and are inclined to sneer at its use. This most frequently arises from the mode in which it is given, for the decoction should be administered, not by the ounce, but by the pint; and, so given, its value is great.

It is, therefore, of the first importance to be able to recognise the stage in which a patient is at the time when seen. Whatever the nature of the symptoms of syphilis, if the disease is in process of evolution, mercury will do good; but if that be past, and only the sequelæ left, it will as certainly do harm. Then is the time for iodide of potassium and sarsaparilla.—*The Clinic.*

ON THE USE OF ARSENIC FOR THE RELIEF OF ASTHMA.

Under this title Comegys Paul, M. D., reports to the *American Journal of the Medical Sciences*, January, 1874, some cases of spasmodic asthma greatly benefited by the administration of this drug, and says:

"The reason that arsenic has not become more established as an efficient agent for the relief of the great majority of uncomplicated cases of this disease, is because of a want of persistence in its administration until very apparent signs of a constitutional effect are produced. To be efficacious it must be pushed until it gives decided evidence of its presence in the patient's system. Iodide of potassium will not influence an obstinate case of specific or subacute rheumatism, unless we give quantities sufficient to produce the condition known as iodism; nor will quinia cure malarial disease if its presence is not shown by sensations peculiar to its therapeutic action. How then can we expect benefit from the use of *arsenic* in any of its form unless it is *thoroughly* tried? The remedy suitable to the majority of cases I believe to be *arsenic*,

and from my pleasant experience with it, I am now induced to bring it again before the notice of the profession, and to solicit for it a fair trial. My success in cases of ordinary asthma, and even in cases which at first might seem intractable, has been so convincing to myself, that I now place it first in importance upon the list of remedies. I have seen it relieve sufferers after all the other recognized drugs have failed. Cases that did not yield in the beginning have done so by a continuation of its use, assisted by medicine to counteract indigestion, bronchitis, etc. I have arrested an excessive dyspnœa, resulting from an aggravated attack of asthma, almost instantaneously by the use of Fowler's Solution hypodermically. By instantaneously, I mean, with the same rapidity that a proper dose of morphia, similarly given, will relieve pain. Moreover, cases so treated have had no tendency to a recurrence of the dyspnœa for several days after the administration. The dose used in this way was generally from ten to fifteen minims. However, it is not my intention to recommend the hypodermic use of this potent agent for good or evil until it has been used in other ways, as it is sometimes accompanied with unpleasant consequences. Generally it causes a sensation of stinging pain, followed by a degree, more or less, of loss of nerve power in the immediate vicinity, which may continue from a few minutes to several hours. If this feeling keeps up for any length of time, it may cause a serous infiltration of the part and some external cutaneous congestion, but I have never known it to develop an abscess except in individuals particularly susceptible to such a result when morphia had been injected. It is but right, while mentioning these objections, to state that it has also been thus administered without any of the above disagreeable occurrences, except a trifling stinging sensation of a few minutes' duration. During an exacerbation, when stramonium, nitrate of potassa, chloroform, etc., have failed to give relief, arsenic, hypodermically administered, may be confidently tried.

As a prophylactic, the liq. potass. arsenitis should be given in five-drop doses three times a day, to be increased or diminished as symptoms may indicate. If nausea, or indigestion or slight diarrhœa follow its use after a few days, we must be content with three drops at a time until the stomach shall begin to tolerate it better, when the dose should be increased. In all cases let a sufficient quantity be taken to fall short of producing nausea, but if diarrhœa alone should result, the dose need not be diminished,

but combined with opium. This treatment should be pursued until slight pain in the head, congestion of the conjunctiva, and œdema of the lower eyelids may warn us that its physiological effects have been attained, but it should not then be abandoned, but continued in smaller quantities given with less frequency. Care should be taken that arsenic be not allowed to come in contact with an empty stomach. When taken directly after a meal, by commingling with the food it is less likely to set up a gastric irritation, and for the same reason it is more easily assimilated. When the patient is suffering at the same time with anæmia, or any wasting disease, it may be combined advantageously with the citrate of iron and quinia. Ordinary cases of asthma will generally be influenced by this treatment in the course of three or four days. Bad cases of years' standing have commonly yielded their frequency and violence after three days, and very seldom are any entirely unbenefited after a week's exhibition. When given before the commencement of an autumnal catarrh it will often prevent its onset, and the exceeding discomfort attendant upon this form of asthma can be controlled so long as the remedy is persisted in.

Fowlers' Solution is perhaps the most convenient form of administering arsenic, but it is not without its objections. Its strength and efficacy are often changed by the long-standing of the preparation upon the shelves of the pharmaceutist, as is clearly evinced by the delicate metalic film that sometimes covers the sides of the bottle, and by its want of effect when given in even larger doses. The taste of lavender with which the arsenite of potash solution is combined, is often unacceptable to the patient, and nausea may undoubtedly be sometimes attributed to this cause. A fresh solution prepared without lavender should have the preference."—*Northwestern Medical and Surgical Journal*, March, 1874.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Treatment of Spermatorrhœa.

In a clinical lecture delivered by M, Mallez upon this subject, and reported by M. Jardin in the *Mouvement Medical*, he observes that the condition of the spermatic ducts and passages should be first carefully investigated, in order that the slightest departure

from a healthy condition may be observed and treated; the volume of the prostate should be carefully noted, the anus and the rectum should be explored, to ascertain the presence or absence of fissures, worms, etc. Attention should also be paid to the state of the bowels, daily evacuation of their contents being insisted on, and with facility; care should be taken to discover, by direct inspection, whether the proportion of prostatic fluid does not form by far the larger part of the fluid emitted. To ascertain the presence of spermatozoa and the degree of their vitality, minute interrogatories should be made as to the habits of thought of the patient, his mode of life, and the causes which may have predisposed him to to the disease. The strength of the patient should be judged of by his mode of walking and dynamometer, and it should be found out whether the emission occurs only during sleep, during violent exertion, or during micturition. M. Mallez regards the alkaline bromides as occupying the first position in point of importance in the treatment of this affection, since they have a double action both upon the spinal irritation and on the local sensibility. The preparation he prefers is suggested by M. Pelisse, namely, desiccated bromide of potassium, an ounce; tolu water, ten ounces; of this, four dessert spoonfuls, containing about a drachm of the salt, can be taken per diem. The administration of the bromide should precede any local treatment, and may be continued from eight days to two months without harm. After the lapse of ten or twelve days, continuous currents should be applied though there is some difference of opinion in regard to the manner in which they should be applied. M. Mallez himself prefers to make use of descending currents, passing down the whole length of the spinal cord, from the occipital to the lumbar region; the source of the electricity being from eight to ten elements of a Gaiffe's pile, with chloride of silver. After using this for eight or ten days. the direction of the current may with advantage be reversed. Valerianates of ammonia of zinc and quinine M. Mallez has found of less service than the foregoing plan. The application of cold water douches to the belly should not be indiscriminately recommended, as they occasionally seem to excite rather than to repress the discharges.— *Charleston Medical Journal and Review*, January, 1874.

Case of Dysmenorrhœa of Seven Years' Standing Cured by Vinum Ferri and Hoffman's Anodyne.

By R. D. WINSETT, M. D., Nashville, Tennessee. I desire to present to the profession, through the pages of the *Nashville Journal of Medicine and Surgery*, a case which has been of much interest, and which seemed to have baffled the skill of several eminent physicians, hoping that it may be found interesting, if not useful.

Mrs. F——, aged 46, of sanguine temperament and rather delicate habit, was attacked, in 1867, with dysmenorrhœa. She did not come under my care until the fall of 1868, at which time I found her in very feeble health, completely emaciated from the continued menstrual flow, which had been present with her for four consecutive weeks before I was called in. I used all ordinary remedies to suppress it, but with limited success; nothing seemed to relieve her.

She continued in this condition for several months, when she began to improve under a tonic course of treatment, but soon went back into the same condition; her menses recurring about every sixteen days, and lasting from five to ten days; and at each succeeding recurrence the flow would seem to be more profuse, and the pains greater, assuming the neuralgic form, commencing in the lumbar region, extending around the abdomen, and down the thighs, leaving the patient in great agony.

The quality was unchanged, mixed with large clots, and looked as if it was composed of plastic lymph.

I have seen her prostrated for months at a time, and the flow to be on her for six and eight weeks at a time, without any cessation whatever. She continued to remain in this deplorable condition until I thought I had exhausted the Materia Medica, when seeing the above remedy recommended by Dr. LACOCK, I thought I would give it a fair trial. To my great surprise, my patient began to improve, and, at this present writing, she is hale and hearty, and has her menses regularly every four weeks.

I failed to mention that the patient was the mother of four children, the youngest of whom is twenty years old.—*Nashville Journal of Medicine and Surgery*, January, 1874.

Treatment of Sloughy Ulcers of the Vulva.

Dr. PARROT has derived much benefit in the above cases from the employment of a concentrated solution of chlorate of potash, or cauterisations with nitrate of silver; but a means of treatment

which has been most extraordinarily successful in his hands is the application of iodoform. Generally, in two or three days it stops the extending course of the disease, and cicatrisation rapidly takes place. Iodoform is as successful in these cases as in bubo or fungous sores. It must be applied plentifully. The sores must be first well washed and cleansed, and then covered entirely with the powder. Sometimes, when the ulcer is very moist, and there is much loss of substance, it is useful to put on two dressings daily.—*Nashville Journal of Med. and Surgery*, Jan., 1874.

Belladonna Plasters in Vomiting.

The *Medical Times and Gazette*, October 11, 1873, states that, at a recent meeting of the Paris Therapeutical Society, Dr. Guéneau de Mussy read a communication on the good effect of belladonna plaster in the symptom of vomiting, whatever the nature of this may be. Bretonneau strongly recommended belladonna in the obstinate vomiting of pregnancy. He prescribed frictions of the extract diluted with water, which was rubbed into the epigastrium during several minutes two or three times a day. In many instances, this treatment relieved the vomiting when all other means had failed. For more than twenty-five years, Dr. Guéneau de Mussy has extended Bretonneau's treatment to all descriptions of vomiting, whatever the cause may be; but he has found that a plaster is a better excipient of the extract, allowing of its continuous application being conveniently made. It consists of a diachylon plaster and theriac plaster, of each two parts, and extract of belladonna one part, the plaster being twelve centimetres in diameter. It may remain applied to the epigastrium twelve or fifteen days without being removed. It had succeeded in a very great number of cases, either in entirely relieving vomiting or greatly mitigating it. Dr. G. de Mussy entertains great hopes of the benefit to be derived in the use of the belladonna plaster as a prophylactic and curative in sea-sickness.—*Cincinnati Lancet and Observer*, March, 1874.

Guarana for the Cure of Sick Headache.

By T. P. Caillout, of Lockport, La.

MM. Trousseau and Pidoux, in their *Traite de Therapeutique et de Matiere Medical*, describe the mode of using the guarana powder in sick headache, and since the year 1861 I have used it with complete success in all patients who have applied to me for

relief for the above mentioned malady. I did not use the extract recommended by Prof. Trousseau, but gave the powder in doses of ten to fifteen grains, repeated, every two hours, and the patients rarely took three doses before they were relieved. A ten-grain dose taken immediately before the attack always prevented it.

Some of my patients, who suffered every month from sick-headache, were entirely rid of their sufferings for several months, and some for one and two years, after using one or two boxes of the powder, each box containing a dozen packages of ten grains each. I recommended my patients to take a dose (of the guarana) as soon as they felt any symptoms of an attack coming on; during the attack a dose every two or three hours until relieved.—*Med. News and Library*, January, 1873.

Carbolic Acid in the Treatment of Tape-worm.

Dr. H. Bill reports (*Medical Record*, Nov. 15, 1873) the case of a man suffering from tapeworm, who had taken in turn without relief the usual anthelmintics. The idea struck Dr. Bill, that if small quantities of "carbolic acid" are so pernicious to leeches, is it not probable that the drug might be used against a tapeworm. Accordingly, having purged the patient, I administered six grains of "carbolic acid" in a half-pint of water, four times a day. After two days of this treatment, as only a few joints of the worm had been voided, I changed the vehicle from a liquid to a pill form. Powdered extract of liquorice was used, and each five-grain pill contained two grains of "carbolic acid;" of these the man took one every hour, and a purge of rhubarb and jalap every morning. He soon began to pass large fragments of the worm, and on the third day the head and about four feet of the body of a tænia solium. He had taken thirty-five pills without inconvenience of any kind. He got well quickly, has remained well since, and I am satisfied is cured. I have since thought that the pills would have been improved by a delicate coating of paraffine; the object being of course to cause the pill to pass through the stomach unchanged into the intestine, carrying with it the "carbolic acid" in direct contact with the worm.

Local Treatment of Venereal Ulcers by means of Iodoform.

Dr. G. O. Morrison-Fiset, House Surgeon to the Charity Hospital, New York, reports (*Medical Record*, Oct. 15, 1873) that the great efficacy of this drug, as shown by the results obtai ed in the Charity and other hospitals, will make it almost indispensible

as a therapeutic agent in this class of cases. For many other forms of ulceration but the venereal, iodoform has been found to act well; and in chancroids or syphilitic ulcerations it is one of the best agents to use. In the Charity Hospital the chancroid, when first seen, is usually cauterized with nitric acid, if it be simple and of medium size, covered with a tenacious and abundant yellowish secretion; if, on the contrary, it be small and its secretion slight, no cautery is applied. For phagedenic cases the actual cautery is generally employed. One application of the potential cautery is usually sufficient to destroy the virus. As soon as the slough caused by the cauterizing agent has separated, the application of the iodoform (either once a day, every other day, or twice a week, as the case may be) to the surface of the sore is commenced.

Iodoform may either be applied in form of powder, or suspended in glycerine, as in the following formula: ℞. Pulv. iodoformis, gr. xiv; glycerinæ, ʒ iij; alcohol, ʒ j, M.

The powder, when used, is simply dusted upon the ulcer with a camel's-hair brush, after carefully removing all secretion present. If situated on the glans penis or prepuce, a piece of lint is placed over it to separate the diseased from the healthy parts. If the iodoform be used suspended in some menstruum, a dossil of lint is dipped into the mixture and applied to the ulcer. The former method is preferable, the powder adhering to the surface to which it is applied; but if used in the other way, it is apt to slip from the surface of the ulcer, especially in cases of chancroids of the vulva. The sores are also directed to be washed with a solution of carbolic acid (3 j to Oj) before the application of the iodoform is made.—*American Journal of the Medical Sciences*, Jan., 1874.

Exophthalmic Goitre successfully treated by the Iodo-Bromide of Calcium.

Sept. 22, 1872, was called to visit Mary G., unmaried, æt. 45, who had been under the care of a respectable physician for one year, and had been treated for anæmia and nervous troubles regarded as the result of long confinement as a seamstress. she received no benefit from the treatment, chiefly tonic. I found her much emaciated; very excitable; bowels constipated; appetite poor; urine scanty and high colored; pulse very rapid and small, often could not be counted; heart's action felt over a large area; breathing labored, and muscles of neck enlarged, tending to rigidity; veins of face and neck congested; the thyroid gland was much enlarged, and this first alarmed the family. She had intolerable

headaches; the face was that peculiar to exophthalmic goitre; the eyeballs very prominent giving a wild stare and a larger look to the eye than natural. I had seen in thirty years of practice only one similar case. I prescribed Trousseau's treatment, viz., digitalis, which after a fair trial proved ineffectual; gelseminium and Fowler's solution were then successively used, but without benefit; anodynes for the headaches only aggravated the conditions present; nervines were useless in their turn; stimulants made matters worse. About three months and a half after taking charge of this case, new features appeared. Induration presented itself of the abdominal muscles, also of the thighs and legs. At this time I was led to prescribe the Iodo-Bromide of Calcium in the form of solution—one half a teaspoonful in water morn, noon, and eve. The indurated portions were also bathed with the same. Under this treatment my patient at once improved. The heart's action became more quiet. The nervous excitement calmed, the appetite returned, the patient gained strength. Soon she was able to leave her bed. The thyroid gland lessened in size, and in six months became natural. Soon my constant services were not required, and my visits became occasional only. Miss G. is now in very good health. I have, however, to say that she is not able to do without this medicine. If she omits its use for some weeks her symptoms return. She becomes excitable, and resorts to the remedy always with success.

I regard the iodo-bromide of calcium as a very valuable additon to our therapeutical list. It is a decided sedative, as I have seen in other nervous cases. It is an efficient, alterative, and is well calculated to meet many conditions where a sedative, alterative, and tonic treatment is required. The effect is very satisfactory where nervous irritability and debility are conjoined with a peculiar cachexia, as seen, for instance, in exophthalmic goitre. —*American Jour. of the Med. Sciences.*

Observations Demonstrating the Length of time Life may be Supported by Injections.

Dr. RUNZE has reported a case in which the patient could not, for fifty-nine day, swallow any food (liquid or solid), and was nourished by means of injections containing the yolks of eggs, broths, soups, etc. During the first week, the patient became weak and complained of a painful sensation of thirst; the third week the patient did not experience any hunger, thirst, or pain. There were but slight evacuations. The eighth week, however, an

inflammation of the large intestine was set up, and death took place during the ninth week.

Had it not been for the occurrence of the proctitis, which might, perhaps have been controlled by suitable treatment, there might have been some hope that the patient would have lived several weeks longer. The fact remains, however, that the patient was nourished fifty-six days by nutritious injections, and the absence of prolonged emaciation sufficiently proves the absorption of the substances placed in contact with the mucous membrane of the large intestine.— *Virginia Clinical Record*, February, 1874.

Ergot In Dysentery.

M. Luton, of Rheims, states (*Gazette Hebdomedal*, October, 1871,) that during an epidemic dysentery which lately prevailed at Rheims, he employed, in the cure of the disease, most of the remedies which are considered efficacious, and met with various degrees of success. The epidemic was not a very severe one, and most of the patients recovered ; but, in the majority of the cases, it appeared to M. Luton that the theraputical action was not very evident, nor the relief rapid ; and, moreover, some of the patients, especially among the most aged, died. It was, therefore, desirable that some new method of treatment should be found, which might give more satisfactory results, and the opportunity of doing so was offered by the case of a female patient, who was suffering, at the same time, from uterine hemorrhage and dysentery. The ergot of rye was prescribed successfully for the former malady, and it was found that the latter was, also, benefitted by the remedy; and, in fact, as soon as the first doses had been given, a condition of constipation was induced, which lasted four or five days. This first experiment led to the use of ergot in simple dysentery, and it was found that an improvement in the symptoms, and eventually a complete cure, followed the new plan or treatment.

M. Luton gave the ergot in powder, in the dose of three grammes (about 45 grains) a day, divided into doses of fifty centi-grammes (about 7½ grains) ; and two or three days generally sufficed for a cure in ordinary cases. The ergot appeared to attack, not only the hemorrhagic element of dysentery, but the whole disease ; and the mucous secretions, the griping, colic, and fever, were equally relieved at the very commencement of the treatment.—*The Cincinnati Medical News.*

A Hint in giving Iodide of Potassium.

A useful hint is revived in the *British Medical Jonrnal*, by Mr. Jos. P. McSweeny. He writes :

Sir James Paget was the first to call the attention of the medical profession to the following interesting fact, viz., that carbonate of ammonia greatly increases the therapeutic action of iodide of potassium. I have had extensive experience in the treatment of syphilis, and have tried it with the best results, and find that five grains of iodide of potassium, combined with three grains of carbonate of ammonia, are equal to eight grains of the potassium salt administered in the ordinary way. The following case is a good example :

John ——, aged fifty, consulted me about a sore situated on his left arm. There was a profuse discharge from it, and the smell was intolerable. On asking him a few questions, I got the following history. He had been a married man, his wife having died a short time ago; he had no children. Some years ago he contracted syphilis, and was treated by mercury, pushed to excessive salivation. The secondary symptoms had been well marked, and the sore about which he consulted me was of eight months' standing. He consulted several surgeons, and could get no relief. I ordered him five-grain doses of carbonate of ammonia. After taking a few tablespoonfuls of the bottle, the bad smell altogether disappeared, as a man told me who was sleeping in the same room; at first he could not bear the smell, but after taking a few tablespoonfuls of the bottle he could detect no smell. The man remained under my care for about a month, and in that short time was perfectly cured, and in very good health and spirits. I could publish five cases with almost similar results. I have also found it of the greatest service in the treatment of internal aneurism, by relieving the pain and helping to consolidate the tumor.—*Canada Lancet*, March, 1874.

An Old Cancer Cure Revived.

Dr. Brewer writes to a recent nunber of the *Medical Times*, that a patient of his was given by a friend, the following recipe:

℞ Chlor. Zinci,..... gr. viij.
Blood Root..... gr. v.
Starch..... gr. viij.

Make into a paste with honey.

"The cancer was at this time nearly as large as a hen's egg.

After applying the paste for two weeks, he called to see me. I found it had diminished to half its former size. I advised him by all means to continue it. After a month's use of the remedy the cancer was not larger than a dime. He continued to use it until the disease was cured."

This is the "cancer salve" of old Dr. FELL, famous some forty years ago, but long since condemned to neglect.—*Cincinnati Lancet and Observer*, February, 1874.

Vomiting of Pregnancy.

Dr. ATTHILL, in the *Medical Press and Circular*, says that the hypodermic injection of morphia occasionally controls the vomiting met with in pregnancy, or that which sometimes follows severe cases of *post-partum* hemorrhage. The formula which he now adopts for the solution to be injected subcutaneously is the following:

℞ Acetatis Morphiæ ..... gr. viij.
Liquoris Atropiæ..... m xlviij.
Glycerini ..... m iv.
Aquæ, ad..... ʒ iv.

Fifteen drops of this solution contain half a grain of the acetate of morphia, and about the fortieth of a grain of atropia.

IODIZED SYRUP OF COFFEE.

The syrup of coffee, according to Dr. Calso Ainé, is an excellent means of disguising the flavor of the iodide of potassium, and of rendering this valuable medicine palatable to patients. The following formula is given:—

℞ Syrup of coffee..... grammes, ɖ.
Iodide of potassium ..... grammes, xvj. M.

Take two to three teaspoonfuls daily.—*The Medical and Surgical Reporter*, March, 1874.

Treatment of Chilblains.

The *Canada Medical Journal* recommends sulphurous acid in this affection. It should be applied with a camel-hair brush, or by means of a spray-producer. The acid should be used pure. A good wash for hands or feet affected with chilblains, is sulphurous acid, three parts; glycerine, one part; and water, one part. The acid will be found particularly useful in the irritating, tormenting stage of chilblains.—*Cincinnati Lancet and Observer*, Feb., 1874.

Bromide of Potassium as a Febrifuge.

Dr. Maclean (*Brit. Med. Jour.* July 5, 1873) reports a case illustrating his view of the value of the bromide of potassium in continued fever. Immediately after giving the medicine, the pulse and temperature fell nearly to the normal standard. On omitting the medicine, twice the fever returned in full force. A return to the medicine resulted in a reduction of the fever as before. He believes that bromide of potassium gives tone to the arterioles. Thus it takes the place of the vaso-motor nerves, which are paralyzed in fever. It also keeps in abeyance the tendency to congestion, which follows the premonitory stage of the disease. He thinks the use of the bromide more in accordance with physiological principles, than the direct application of cold.—*The Detroit Review of Med. and Pharm.*

Incea.

A new poison has lately been discovered, called INCEA, which is said to be more subtle than digitaline. It is obtained, by pressure, from the seeds of *Strophanthus hispidus*, an apocynaceous plant, found in Gaboon ; and, from experiments made with samples of it, taken from arrows, upon which the natives place it, it appears to act more powerfully than even digitaline, and quickly paralyzes the heart. Three milligrammes kill a frog, a sparrow, or a dog ; though the resistance of certain animals varies. A snail, for instance, requires five milligrammes ; a mouse has withstood three milligrammes of the extract (obtained by macerating the seeds in alcohol), while this latter dose kills a dog nearly a thousand times heavier than the mouse. The heart comes to a complete stand-still after a few irregular efforts.—*The Cincinnati Medical News.*

Lime Water in Wasp Stings.

Dr. Danverne (*L'Independente*, January, 1874,) says that some years ago he was stung on the head and face by a number of wasps ; the pain was great, and there were many punctures : "I had no ammonia at hand, and no druggist to run to. If it was the analogy of the suffering with that of the pain from a burn which made me think of lime water, which I knew to be most efficacious. In this case, I was most fortunate. Since that date I have advised, in some twenty cases, the use of lime water in wasp stings, and have always obtained the immediate cessation of the pain. The facility of at once procuring this drug, by dissolving a few grains of quick-lime in water, recommends it in preference to any other drug.—*The Clinic.*

Editorial.

Red Stalked Aster—Aster Æstivus.

BY I. J. M. GOSS, OF MARIETTA, GA.

Aster Æstivus, is one of the many species of the Order Asteraceæ of Lindley. It is usually called the red stalked aster, or aster puniceus—cocosh root. There are several varieties of the plant that are used as diaphoretics besides this one, but none of them have been sufficiently tested to decide the real value. Several years ago, my attention was called to the above species, by Dr. BYRD POWELL, in his work upon the practice of medicine. In the work referred to, Prof. POWELL states, that he had generally been able to cure acute rheumatism with the red stalked aster, given in infusion freely, so as to produce free diaphoresis. Acting on the suggestion, I procured the root from Cincinnati Ohio, and made a trial in a case of acute rheumatism, which was the case of a young lady, confined with a very grave attack of acute rheumatism; which resulted in a complete cure in a few days. I gave the infusion of the root in large doses, from a wine-glassful to a tea-cup-full every two or three hours, until it produced free diaphoresis, which I kept up until all pain and tumefaction, and fever subsided, which took place in from five to seven days. In this case I used nothing but the Aster Æstivus, so as to test its virtues fully. Since then, I have used it combined with other articles, as tinctures of black cohosh, colchicum and phytolacca, &c., but have not cured the cases thus treated any sooner, than by the Aster alone. I am now treating a case of acute rheumatism with the aster, which I first tried with tinctures of colchicum and cohosh with but very slight, if any benefit, but as soon as I commenced the aster in infusion freely, the case convalesced rapidly, and is now up and going about. I have frequently tried the tincture of the aster, but I did not discover that it had the desired effect in any case, from the fact that sufficiently large doses could not be given without having too large a quantity of spirits in each dose. If a fluid extract could be formed in vacuo, so as to contain the virtues of the root, without so much alcohol as is required in the tincture, I think it would prove a very valuable remedy in rheumatism. I do not think that the value of the remedy in this disease, is attributable to the diaphoresis alone; for I have often given other articles that produced free diaphoresis, yet they did not relieve the disease as the aster did, consequently, there are curative or specific properties in it, that are not found in other diaphoretics. It in some way, does eliminate the morbid material, upon which the disease depends. It possesses the power of liberating, and conveying out of the system, the offending material, let it be what it may. I have thus briefly called the attention of the profession to this plant, that they may test it, and prove its real value. Will the profession test it and report?

Association of the Alumni of the Albany Medical College.

We have received a copy of the Constitution and By-Laws of the Association of the Alumni of the Albany Medical College, which were adopted at a meeting held January 20th 1874. The object of the Association, is to promote the interests of the Albany Medical College in the work of medical education, and to cultivate social intercourse among the Alumni. The following is a brief account of the transactions of the meeting, which we quote from the Circular, accompanying the Constitution and By-Laws:

A meeting of the Alumni of the *Albany Medical College* was held in the College building, on Tuesday, January 20th, 1874, called for the purpose of forming an Association to be known as the "ASSOCIATION OF THE ALUMNI OF THE ALBANY MEDICAL COLLEGE." A circular giving notice of this meeting had been issued by a Committee appointed from the last graduating class, and mailed to all the graduates of the College whose addresses could be ascertained. To this Class,—its Committee,—and especially to its Chairman, Dr. Myers, and its Secretary, Dr. Whitehorne,—belong the credit of originating this movement, and it would be unjust to them, in this connection, to avoid mentioning the valuable services they have rendered.

Nearly one hundred graduates gathered at this meeting. A Constitution and By-Laws were presented and adopted and the following officers elected for the ensuing year:

President, - - - DR. H. D. DIDAMA, Syracuse, ('46).
Vice President - DR. T. B. REYNOLDS, Saratoga. ('42).
Secretary, - - - DR. WILLIS G. TUCKER, Albany, ('70).
Treasurer, - - - DR. JAMES S BAILEY, Albany, ('53).

The meeting was an interesting, encouraging, enthusiastic one characterized by complete unanimity and perfect good feeling. Many short speeches were made by old graduates, and all present seemed to take a deep interest in the enterprise, and to wish for it all possible success. Letters were read, selected from hundreds received from graduates unable to be present, expressing their sympathy with the movement, and conveying assurances of their hearty coöperation.

The *Albany Medical College* is now incorporated with UNION COLLEGE of Schenectady, THE ALBANY LAW SCHOOL, and THE DUDLEY OBSERVATORY, under the name of THE UNION UNIVERSITY OF THE STATE OF NEW YORK, of which it forms the *Medical Department*, "and,"—to quote from the first Circular, "the period seems to have arrived in the history of our *Alma Mater* when her children should make some return for the benefits received from her nurturing care, in striving to strengthen her interests, enlarge her usefulness and advance the social and professional intercourse of the Alumni, by combining and concentrating their powers, talents, acquirements and resources for the extension and promotion of the cause of a liberal medical education in connection with the institution. To accomplish these ends, organization and frequent association constitute a

primary requiste, and these advantages we hope to attain by the proposed Alumni Association, in the perfection of which we trust we shall receive the hearty coöperation of evey graduate of the College."

Attention is therefore asked to the subject, and a careful perusal requested of the Constitution and By-Laws,—adopted by the Association,—which accompany the Circular. The Executive Committee desire that these may be placed in the hands of every graduate, and also propose making a complete catalogue of the Alumni. It is therefore necessary that their present residences be ascertained, and to this end all graduates are requested to send to Secretary, *without delay*, their present addresses, and also those of other graduates with whom they may be acquainted, especially of those in their immediate vicinity.

We are indebted to JOHN M. WOODWORTH, M. D., for the Annual Report of the Supervising Surgeon of the Marine Hospital of the United States, for the Fiscal year, 1873.

The Twenty Fifth Annual Session, of the "American Medical Association" will be held in the city of Detroit Mich., on Tuesday, June 2nd, 1874, at 11 A. M.

☞SECRETARIES of all medical organizations that have adopted the Code of Ethics are respectfully requested to forward to the undersigned a complete list of their Officers, with their Post-Office addresses, and the number of their members of good standing. This is the only guide for the Committee of Arrangements in determining as to the reception of delegates.

It will also enable the Permanent Secretary to present a correct report of the Medical Organizations in fellowship with the Association.

WM. B. ATKINSON, M. D.
Permanent Secretary.

We have received the following publications:—

Archives of Ophthalmology and Otology, Edited and published in English and German, by Prof. H. KNAPP, M. D., of New York, and Prof. S. Moos, M. D., of Heidelberg. WM. WOOD & Co., Publishers, 27, Great Jones St., New York.

"*The American Journal of Obstetrics and Diseases of Women and Children*," Edited by B. F. DAWSON, M. D., PAUL F. MUNDE, M. D., Associate Editor. Published by WM. WOOD & Co., 27, Great Jones St. New York.

☞Correspondents will oblige us by writing plainly their *names, Town, County and State.* We are frequently unable to answer letters because these are omitted.

THE

Journal of Materia Medica

DEVOTED TO

Materia Medica, Pharmacy and Chemistry.

Vol. 18.] MAY, 1874. [No. 5.

Communications.

MELALEUCA CAJUPUTI.

(*Cajeput Oil.*)

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Myrtaceæ.

In the Linnean, or sexual system, this plant will be found in Class Polydelphia and Order Icosandria.

GENERIC CHARACTER.—Calyx; perianth turbinate, five-cleft, half superior. Corolla; 5 petals, rounded, inserted into the inner margin of the calix. Stamens from 30 to 40; filaments very long, united at the base into 5 bundles; antheræ incumbent. Ovary ovate, more or less adherent to the bottom of the calix; style one, filiform, upright, exsert; pericarp 3-celled. Seeds; oblong, before ripe, linear chaffy, when matured usually winged.

SPECIFIC CHARACTER.—Flowers white. Leaves alternate shortly petiolate, alternate, scattered, elliptical-lanceolate, subacute, slightly falcate, 3 to 5-ribbed. Young branches and germens downy. Small tree, with an erect, though crooked stem.

HABITAT.—East Indies.

MEDICAL PROPERTIES—The oil of Cajuput is the *Offic.* Prep., and is a powerful diffusable stimulant, diaphoretic, and antispasmodic.

HISTORY.—A noted English Author remarked, more than half a century ago, relative to this drug:—"This oil appears to be a powerful medicine, and is much esteemed in Germany, as well as in India, as a general remedy in chronic and painful complaints. Taken into the stomach, in the dose of five or six drops, it heats and stimulates the whole system, proving at the same time a very certain diaphoretic. It has been used both internally and externally with much advantage in several obstinate disorders, as palsy, hypochondriacal and hysteric affections, deafness, defective vision, toothache, gout, rheumatism, menstrual obstructions, herpetic eruptions, &c." In his remarks upon the history of this article, Dr. Stillé observes:—"Cajuput oil was first brought into notice in 1717, by LOCHER. According to RUMPHIUS, it is employed in Amboina, and the neighboring countries, as a stimulant diaphoretic." Cajeput oil is obtained from the leaves. they are gathered in autumn, allowed to be macerated in water, and to ferment during the night, and subsequently submitted to distillation. Two sackfuls of the leaves are said to yield scarcely three drachms of oil.

PHYSIOLOGICAL EFFECTS.—*Pereira's Materia Medica and Therapeutics* by WOOD, under this division, contains the following remarks:—"Cajuput oil is a powerful anti-spasmodic, diffusible stimulant and sudorific. From the ordinary distilled oils (as those of the labiate plants and umbelliferous fruits) it is distinguished by its stronger influence over the nervous system (evinced by its antispasmodic qualities), and by the greater diffusibility of its stimulant operation. It is allied to valerian, between which and camphor it ought to be placed in a physiological classification; but in large doses it does not disorder the mental faculties as these two medicines do."

THERAPEUTICS.

Gout and Rheumatism.—Dr. Waring, observes;—"In Gout and Rheumatism, much benefit follows the external and internal use of Cajuput Oil. In Retrocedent Gout, it is particularly serviceable, in doses of gutt. v–vj, frequently repeated. Externally, it should be diligently rubbed over the affected part. It may be advantageously combined with Camphor liniment. In some cases it is singularly efficacious; in others, the amount of relief is com-

paratively small." This oil is said to be very much esteemed in the islands of the Indian ocean, the inhabitants of which employ it extensively in rheumatism, using it both internally and as a local application. Dr. Stillé, quotes Ainslie as saying that Cajuput oil may be efficaciously given in rheumatism. Pereira, observes that this drug proves occasionally useful in chronic rheumatism, and that it has been found useful, when mixed with olive oil, as an external application in the same malady. Colchicum or guaiacum may be used advantageously in conjunction with this agent. Dr. Waring speaks of guaiacum as a valuable remedy in this affection, and states that previous to its exhibition in severe cases, antiphlogistic measures should be had recourse to.

Neuralgia.—Thursberg is quoted by Waring, as having prescribed this oil externally in the treatment of neuralgia; and Dr. Copland as stating that he derived most advantage from its internal administration.

Dr. Stillè, states that a few drops of the oil rubbed upon the painful part form a remedy for nervous headache, that is often effectual. Dr. King, observes, that externally, it is very beneficial as an application to rheumatic, neuralgic, and other pains, and may be used alone, or in combination with other oils. It will be found useful to administer this oil both externally and internally, in conjunction with aconitine or valerianate of zinc. Dr. Waring states that the valerianate occasionally affords great and permanent relief. M. Devay, is quoted as relating several instances in which it proved highly serviceable; and from which Dr. Waring states, it appears that its curative powers are confined to those cases in which the disease is purely nervous, and to those neuralgic affections which accompany uterine derangement.

Dysphagia.—THUNBERG is quoted by WARING as recommending the oil of cajuput to be diligently rubbed into the neck, in dysphagia. Prof. Stillé observes:—"In some spasmodic affections of hysterical persons, and particularly in cases of nervous vomiting, dyspnœa, and hiccup, it is of marked utility."

Spasmodic Cholera.—Dr. WARING does not appear to have much confidence in this agent in the treatment of this malady, yet he has put upon record the following statement:—"*In Spasmodic Cholera*, Cajuput Oil, employed both externally and

internally; has been highly lauded; but experience does not appear to warrant the high encomiums which have been passed on it. Some cases, which have recovered under its employment are recorded. It frequently fails to produce any sensible effect." No one agent should be trusted in the treatment of this disease, to the exclusion of all others. Cajuput oil, in some cases, may be found a valuable adjuvant.

Hysteria.—Dr. Stillè mentions that this oil may be efficaciously given in hysteria. Dr. WARING observes:—"*In Hysteria*, much benefit attends the internal use of Cajuput Oil; but it is inferior in uniformity of action to Assafœtida or Valerian." It may be administered to advantage with camphor, compound tincture of lavender or musk. Dr. WARING says:—"*In Hysteria*, camphor proves most serviceable. It may be given alone, or combined with Assafœtida or Opium." Dr. DEWEES states that camphor is chiefly indicated and most efficacious in the hysterical paroxysms which precede the appearance of the menses. In speaking of the therapeutic uses of lavender, Dr. W. observes:—"*In Nervous and Hysterical cases, in Flatulence and in incipient Syncope*, the Compound Tincture is an agreeable and valuable stimulant, carminative, and nervine. It may be given in doses of fl. drm. ss-fl. drm. j. In hysteria musk is regarded as a valuable remedy, in doses of gr. x–xv., three times a day. Dr. CONOLLY, who is quoted by WARING, speaks highly of its efficacy, and states that he found it particularly useful when the surface was pale and the pulse languid. It is also said to prove highly serviceable in nervous affections, especially when arising from uterine derangement.

Toothache.—Dr. Stillé states that Cajuput oil forms one of the best remedies for toothache depending upon caries, when a drop of it on cotton is introduced into the hollow tooth; and a few drops rubbed upon the painful part form a remedy for nervous headache that is often effectual.

Dr. WARING states:—"*In Toothache* a small piece of cotton, saturated with Cajuput Oil, introduced into a carious tooth, is stated to be an efficacious remedy." This agent may be used to advantage in conjunction with various other remedies for the relief of this malady; such as camphor, opium, spirits of turpen-

tine, chloroform, creasote, tannic acid, alum, oil of cloves, pellitory, conium, sulphuric ether, etc. As this affection is so prevalent among all grades of American Society, it is very desirable that some reliable remedy should be known for the cure. Dr. S. says that there is no more certain remedy for toothache when it affects a tooth occupied by a carious cavity, than filling the latter with cotton soaked in ether, or still better in an ethereal solution of camphor. Cajuput oil added to the solution would make it more effectual. REIL mentions conia as a very successful application in toothache, when the nerve is exposed, Cajuput Oil will doubtless be found useful in this affection used in conjunction with conia.

Flatulent Colic.—Dr. WARING states:—"*In Flatulence and Flatulent Colic*, immediate relief often attends the exhibition of Cajuput Oil, in repeated doses of gutt. iij–v. Drs. BALLARD and GARROD state that they have rarely known it to fail." Two or three drops of the Oil added to a hot infusion of ginger, will usually be found a speedy remedy.

Fever.—Dr. WARING observes:—"*In the Low and Typhoid Stages of Fever*, it may be advantageously prescribed as a stimulant, in doses of gutt. v–viij, in emulsion. It has occasionally been found serviceable."

Sprains and Contusions.—An embrocation of this Oil diligently rubbed in, has been found useful in stimulating the parts and relieving pain when present. In some cases it will be found beneficial to alternate the application with tincture or fluid extract of arnica.

Paralytic Limbs.—Cajuput Oil as an external application is said to be beneficial in the treatment of paralytic limbs.

Convulsions.—THUNBERG advised the internal use of Cajuput Oil, in convulsions attended by debility or anæmia.

Epilepsy.—Dr. WARING states that in epilepsy this agent was first proposed by GŒTZ, in doses of from two to ten drops on sugar. He (W.) adds:—"It has been advised by several other German physicians, and may probably be of service when the disease is associated with hysteria, or where there is any great amount of nervous depression." In the treatment of epilepsy Cajuput Oil may be regarded as a valuable adjuvant; it should be

used in combination, or conjunction with other remedies, such as Potassii Bromidum, Strychnine, Zinci Lactas, Argenti Nitras, Stramonium, etc.

ADMINISTRATION.—Dose from 2 to 10 drops. It may be taken on sugar or in the form of an emulsion.

OFFICINAL PREPARATION—.—Spiritus Cajuputi, *Spirit of Cajuput.* Take of oil of Cajuput, one fluid ounce; rectified spirit, nine fluid ounces. Dissolve. Dose,—Min. xx. to fl. dr. j.

TANACETUM VULGARE.

(*Tansy.*)

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Compositæ.

Lindley and Jussieu located this plant in the Natural Order, Anthemideæ. Others have placed it in the Natural Order, Asteraceæ.

In the Linnean, or sexual system, this plant will be found in Class, *Syngenesia*, and Order, *Polygamia Superflua.*

GENERIC CHARACTER.—Involucre imbricate, hemispheric; scales acuminate; rays obsolete, 3-cleft; egret somewhat marginal; receptacle naked. (Flowers corymbed.)

SPECIFIC CHARACTER.—(Flowers yellow; found in bloom during the months of June, July, and August. *Exotic.*) Leaves doubly pinnate, gash-serrate.

HABITAT.—Europe.

MEDICAL PROPERTIES.—Tonic, emmenagogue, diaphoretic, anthelmintic, and in large doses a spinal excitant.

HISTORY.—Tanacetum. Corrupted from *Athanasia*, the ancient name for tansey, of *a*, without, and *thanatos*, death, from the durability of its flowers. (EATON). The *Botanical Dictionary*, published in London more than half a century ago, speaks as follows relative to this plant:—"According to BERGIUS this plant is tonic, stomachic, anthelmintic, emmenagogue, and resolvent; qualities usually attributed to bitters of the warm or aromatic kind. Dr. CLARK informs us, that in Scotland it was found to be of great service in various cases of gout; and Dr. CULLEN says, I have known several who have taken it without any advantage, and some others who reported that they had been relieved from the

frequency of the fits. A strong infusion of the fresh leaves removes obstructions, increases the urinary discharges, and gently promotes the menstrual one. The flowers dried, powdered, and mixed with treacle, are a common medicine among country people for the worms, and they visibly destroy them. It may be given in powder to the quantity of a drachm or more, for a dose, but it has been more commonly taken in infusion, or drunk as tea. The tender leaves are sometimes used to give color and flavor to puddings; and the Finlanders employ it in dying green. If meat be rubbed with this plant, the flesh-fly will not attack it. Cows and sheep are reputed to eat, and horses, goats and hogs, to refuse it." Another London Author, who shone in the Medical horizon, as one of its brightest constellations, between sixty and seventy years ago, speaking of this plant says:—"It is a warm deobstruent bitter, useful in cachectic disorders, and weakness of the stomach, expelling worms from the intestines, for which the seeds are generally used." A fatal case of poisoning with half an ounce of oil of tansy is recorded in the *Medical Magazine* for November 1834, (*United States Dispensatory*).

Dr. Stillé observes:—"Tansy was used in the middle ages, and formed one of the remedies of HILDEGRADE, for amenorrhœa; other chronic affections, particularly of the abdomen, were treated by its means. FLOYER, (1687), states that the juice and the seeds are given for worms, and that the latter are diuretic. Alston presents a similar statement with more details. DUBOIS gives the following summary of opinions in regard to its vermifuge properties. HOFFMANN considers enemata made with milk in which tansy has been infused, as one of the best means of destroying ascarides. BOURGEOIS regards an infusion or decoction of the tops as an excellent vermifuge."

THERAPEUTICAL EMPLOYMENT.

Worms.—GEOFFROY, as quoted by Dr. Stille, caused the evacuation of thirty-two lumbrici by applying tansy to the abdomen. SCHENCKIUS is quoted by the same author, as having administered tansy seeds to a child, and produced the expulsion of more than one hundred lumbrici. DUBOIS is also mentioned, as saying that in nineteen out of thirty cases in which this medicine was exhibited as a vermifuge, more or less worms were discharged.

He also relates a case of tænia which was cured by its use. Dr. Stille is satisfied from the facts cited, that this plant has been demonstrated to possess anthelmintic properties in no limited degree. There can be little doubt, that an infusion of equal parts of aspidium filix mas, and tanacetum vulgare, would in most cases, if properly managed, prove a useful remedy for the expulsion of worms.

Hysteria.—Evidence is not wanting to prove the beneficial effects of tansy in the treatment of hysteria. It will be found particularly useful in those cases complicated with derangement of the catamenial secretions.

Hemorrhage.—Dr. C. P. UHLE highly recommends the *tanacetum vulgare* in epistaxis. He suffered frequently from this affection while a student, and upon one occasion he accidentally plucked a leaf of tansy and applied it to the part. The hemorrhage ceased immediately, and the remedy has never failed since. Subsequently, numerous experiments were made by Dr. UHLE, with entire and gratifying success. In some instances, the simple aroma or odor of the plant was sufficient to quell the most active hemorrhage.—*Med. Record.—Nashville Jour. of Med. and Surgery.*

Dropsy.—Tansy has been advised in dropsy. Given in combination with sambucus canadensis, or small doses of colchicum, when the kidneys are implicated, favorable results, may be expected.

Lingering Parturition.—Like Ergot, tansy has been found useful in lingering parturition.

PREPARATIONS.

Fluid Extract - - Dose, 1-2 to 1 Dram.

COMPOUND SYRUP OF TANSY.

Fluid Extract of Tansy - -	One Ounce.
" " " Wormwood -	Three Ounces.
" " " Rhei - -	Three Ounces.
Sherry Wine - - -	Two Ounces.
Syrup - - - - -	Twenty Ounces.

Dose,—One to two fluid drams, two or three times a day, as a vermifuge.

ALCOHOL NO FOOD, BUT OF VALUE AS A MEDICINE AND A CONDIMENT.

Dr. WILLARD PARKER, President of the New York State Inebriate Asylum at Binghamton, found no evidence to establish that alcohol has a place among foods. In a recent conversation upon its uses he said, in substance:

"The question temperance people seem to be asking is: "What does alcohol make a man do?" Well, it makes one man beat his wife, another quarrel with his neighbor, another kill his children. I don't say that this isn't a proper inquiry, but the physician's question is: 'What does alcohol do to the individual system? Can a man use it in the place of food?' To that I say, No. Food is that which repairs some waste of the system. To replace the brick, mortar, iron and glass of a building you can use only brick, mortar, iron and glass. You can repair only what exists, and like with like. There is no alcohol in the system as there are starch, fat, sugar, water, iron, sulphur, &c.; alcohol, therefore, can repair no waste and replace no loss, and is no food. Watever alcohol is, it is certain that men are brought by it into a condition where they have not the will power left to stop its use, while it is, nevertheless, killing them. Scientific investigation proves that this appetite is the result of a diseased organism. A man goes into a certain district and is poisoned by malaria, and the influence of the malaria on the system is organic disease of the liver, spleen and other organs. The infected air is the poison, the fever the disease. So a man drinks alcoholic beverages, and his stomach and liver and kidneys and brain become diseased. Poison or not, there is a true disease, which can be cured by taking the patient away from the the causes—out of the poison you would say, in a case of fever. Keep liquor from the man and the system will gradually work off the disease, and with his restoration to health the patient loses his appetite and craving for alcohol, and a glass of spirits has no more attraction for him than for a new-born child. What is the agent that has produced such a disease? Is it a poison? Undoubtedly yes. It possesses 'an inherent deleterious property which, when introduced into the system, destroys life,' and has its placé with arsenic, opium, belladonna, and the like. Alcohol has its use, to be sure. For a well man any is too much. Like all other poisons

alcohol is valuable as a medicine and it has uses as a condiment. In small quantities, taken with the food, it stimulates. The feeble or the aged rightly use it for that purpose, and when so used there is a result from the food unattainable without it. But it needs very little for this result. For an old man a glass of port, at dinner, perhaps, is enough. But when more than is needed is taken, and a well man needs none, then alcohol is an irritant and begins to produce disease, whose evidence is seen in quickened pulse, flushed face, and trembling limbs. It has no place whatever as a beverage and should never be taken on an empty stomach. You ask whether if a man is tired, physically or mentally, he is sick enough to use alcohol as a medicine. It is hard to make a general answer. But if I had driven my horse till he was tired I should be loth to whip him, and one cannot be too sure, when he drinks alcoholic liquors to restore his spirits or his strength, that he is not whipping a tired horse. I have one word to say in regard to the argument that alcohol prevents the waste of the tissues. This waste of the issues is an oxidation, a burning up, in other words a part of the vital process. It is a similar oxidation that takes place in the furnace of a locomotive. The coal wastes as it burns. Send a stream of carbonic acid upon it and prevent this waste, you diminish the oxidation, the evolution of caloric, the production of steam, and the speed of the locomotive. Continue the process and the locomotive stops. So diminish the waste, the oxidation in the human machine—it is an attack upon life. Stop the oxidation—the man dies. It is hardly a thing to be said in praise of alcohol, then, that it retards the waste of the tissues. Strike a man with lightning, scare him terribly, give him a dose of arsenic, or knock him on the head, and you prevent waste.' But to have the balance of repair and waste even, not to have waste prevented, is the condition of health. As for dram-drinking, nobody defends that. Nothing, not even, water, should enter the stomach of a healthy man between breakfast and dinner. One of the worst forms of dram-drinking is practised by good temperance people, who take 'bitters' under some long name as a medicine, and the use of these 'bitters,' which you see filling the shelves of the drug stores is a great curse of our present society. I have lately heard of two clergymen in the same village who were recently compelled to give up their charge, having become poor drunken fellows by no other means. As for the comparative longevity of drinkers and non-drinkers, the English life insurance

actuaries, whose business it was not to be mistaken in such a calculation, have found that among 1,000 drinkers and 1,000 non-drinkers, taken at random at twenty years of age, the drinkers lived upon an average thirty-five years and six months and the non-drinkers sixty-four years and two months."—*New York World.*

MERCURY IN SYPHILIS.

The following are Mr. Jonathan Hutchinson's *conclusions*, as given in the *London Lancet*:

That mercury is probably a true vital antidote against the syphilitic virus, and that it is capable of bringing about a real cure.

That in practice a good many cases are really cured by mercury; the cure being proved by the restoration to good health, and in some cases by renewed susceptibility to contagion.

That the probability of cure depends upon the stage of development attained by the disease when the remedy is resorted to, and upon the perseverance with which it is used.

That in order to secure the antidotal efficacy of mercury against syphilis, it is desirable to introduce a considerable quantity into the system and to protract its use over a very long time.

That ptyalism and other evidences of the physiological action, so far from being beneficial, are, if possible, to be carefully avoided, since they prevent the sufficiently prolonged use of the remedy.

That in cases in which the patient shows an idiosyncrasy peculiarly susceptible to mercury, the indication is to reduce the dose rather than to omit the drug.

That it is impossible to begin the administration of mercury too soon, and that it should be resorted to without loss of time in all cases in which a chancre shows a tendency to indurate.

That many cases of indurated chancre treated early by mercury never show any of the characteristic symptoms of the secondary stage.

That in other cases of mercurial cure of the chancres in which yet secondary symptoms do occur, they are usually milder than if allowed to develop without specific treatment.

That when mercury does not wholly abrogate the secondary stage it exhibits a remarkable power in delaying it.

That delayed outbreaks of secondary syphilis are to be regarded rather as a proof that the administration has not been sufficiently persevering than that the remedy was not efficient.

That it is probable that the risk of tertiary symptoms is in ratio with the severity and prolonged duration of the secondary stage.

That there are some grounds for believing that the tertiary symptoms of syphilis are both less frequent and less severe in those who have been efficiently treated by mercury than in others.

That mercury cautiously given does not in, a great majority of instances, do any injury to the general health, and that its local inconvenience may usually be prevented.

That the doctrine of the real antidotal character of mercury in respect to syphilis ought to lead to much more prolonged administration of it, with the hope of destroying utterly all lingering germs of the malady.

The most collected statistics as to the duration of treatment and freedom from relapse are misleading and worse than useless, because usually the treatment was far too short to be effectual.

That it has not yet been proved that there are any special forms of syphilitic diseases in which mercury ought to be avoided, although, as a general rule, it is acknowledged that it must be used with more caution in all forms which are attended by ulceration than in others.

That iodide of potassium possesses little or no efficacy against either the primary or secondary forms of syphilis.

That the efficacy of mercury is often most signally proved in cases which have utterly resisted the action of iodide of potassium.

That it does not matter whether mercury is given by the mouth, by inunction, or by the vapor-bath, provided that whichever method be selected care be taken to avoid salivation, purging, etc.

That the doses usually resorted to for internal administration are for the most part too large, and thus often necessitates a premature discontinuance of the remedy.

That if one method of administration does not proceed satisfactorily, another should be tried, and that in no case of difficulty should the vapor-bath be forgotten.—*American Practitioner*, April, 1874.

NOTES ON ATROPINE AND ERGOT.

BY PROF. ADOLPHUS.

Atropine and Ergot owe their therapeutic power to the control they exercise over the vasa motor system. Both will relieve pain, dilate the pupils, arrest excessive perspiration, control hemorrhage, and cause contraction in organic muscular fibres.

In the so-called bilious colic, both atropine and ergot will relieve the pain and cure the disease. They have alike, the power of overcoming costiveness by their stimulating action on the organic muscular fibres of the intestines. One eightieth of a grain of atropine injected under the skin, will allay the excessive mucous secretion in bronchitis when this symptom is very troublesome. In the latter stages of the disease, when the febrile symptoms have much abated and excessive muco-purulent secretion is present, and cough troublesome, both atropine and ergot may be used with advantage. Neuralgia attended with sharp tearing pains, accompanied by a cool and moist skin, broad, flat, pasty tongue, with a bluish aspect of the mucous membrane, and dilated pupils, is very readily controlled and cured by atropia and ergot.

These remedies also control hemorrhagia to a great extent, given in small doses of the one-eightieth of atropia, or five grains of ergot frequently repeated, hemorrhages from the lungs, bladder and bowels can be arrested and cured. The etherial extract of ergot when made of fresh berries, is a reliable remedy. I have repeatedly seen instances in which either atropia or ergot had successfully prevented the consummation of abortion, even after the most threatening symptoms were well under way. Their action is doubtless two-fold, viz: On the vasa motor, and on the cord. When the nervous centres are congested from determination of blood, atropine and ergot are good remedies. In all such cases we have headache, vertigo, excessive vomiting, even convulsions, and painful sensations in many of the viscera. When the above causes are at bottom, atropine and ergot will do good by their controlling influence over the vasa motor.

In capillary pneumonia, these remedies are of great advantage but the dose must be minute, about the one-hundredth of a grain of atropine or two drops of the etherial ext. of ergot frequently repeated, will relieve the engorgement of the lobules and better the condition of the patient materially. In scarlet fever, attended

with kidney difficulties, especially when we have reason to believe the tubes are in a state of congestion, scanty urine, smoky and low specific gravity, both the atropine and ergot are valuable remedies in small doses. We found them also of marked value in hypogastric congestions occurring in low fevers, and in the forming stages of Bright's disease. When these conditions give place to dropsy, attended with an enfeebled heart, these remedies are deserving of more attention than they have hitherto received. I have seen the feeble heart grow strong under their influence. Frequently the combination of both give better results than when used separately.

Atropia combined with quinine prevents those disagreeable nervous symptoms that ensue when the drug is given in large doses. It seem to me that ten grains of quinine combined with one-sixtieth of a grain of atropia will do more good than fifteen grains alone. Atropia alone has the remarkable property of fortifying the system against the lowering influence of drastic purgatives, and mild ones are greatly assisted by it in their efficacy and activity. A combination of one-twentieth of a grain of podophyllin and the one-ninetieth of a grain of atropine will act on the muscular coat of the intestines so as to overcome the worst forms of costiveness. One of these every night has produced fecal motions in persons in three days, whose bowels were only moved once a week. The pain of dysentery is much relieved by ergot and atropine. The tormina tenesmus and bloody evacuations are under their control to a great degree. Diarrhœas of the coliquative kind yield to them rapidly.

The periodic headache of women, are often rapidly cured by either. The troublesome and often very obstinate dysmenorrhœa that afflict some females is remarkably under the control of atropine and ergot. The treatment must be commenced some few days prior to the appearance of the menses, and continued a day or two after. When delirium in typhus or typhoid fever is accompanied toward early morn with an exacerbation of the symptoms, and some redness of the face, or, when there is great tympanitis, we have in the atropia and ergot, valuable remedies. I have seen the muttering delirium of typhoid fever subside under the treatment of one-hundretdth of a grain of atropine in two hours, when the patient had been delirious off and on for a week prior. When the pupils are much dilated, and the diarrhœa troublesome, the patient

restless and fidgety, as often occurs in the second week of the attack, either atropine or ergot will do much good. These remedies, to obtain their best results in nearly all kinds of cases must be given in small doses, frequently repeated.

Gelseminum and atropine appear to increase each others therapeutic properties. Combined, they make the best quieter in puerperal convulsions I am acquainted with.

In those jaded states of the brain and nervous system, resulting from protracted and exhausting fevers and inflammations, a combination of gelseminum and atropine become a remarkably good soporific. In such cases the whole nervous system is worn out, the circulation of the brain is feeble, and the patient too weak to rest or sleep.

Chloral will, at times, produce the desired result. But when there is an exhausted and enfeebled state of the centres, it too often fails. It is in such cases that the combination of the tincture of the green root of gelseminium and atropine, afford so much real advantage, and often saves life. I have seen a combination of atropine and ergot accomplish the same end after the failure of the gelseminum.—*The Archives of American Medicine and Surgery*, March, 1874.

STILLINGIA.

BY PROF. J. ADOLPHUS.

Stillingia has heretofore run the gauntlet as an alterative, by this term is meant some indescribable properties residing in a drug, that does such things we don't know how to explain. But aside from this I call attention to stillingia as an antipyæmic remedy.

The green root of stillingia will arrest the excessive production of pus. This I have satisfactorily demonstrated repeatedly. Two cases of bronchitis, in which vast quantities of pus was being expectorated, were immediately cured by stillingia. Three cases of well marked pyæmia, were treated by the saturated tincture of the green root of stillingia, ten drops every four hours. In forty-eight hours there was a cessation of recurring abscesses. Incipient boils and carbuncles have been abated by it. In pneumonia, the purulent stages will rapidly subside under stillingia. Purulent cucorhæ as rapidly subside, when treated with green root of

stillingia. In syphilitic skin diseases, we have no remedial agent equal to it, at least, such has been my experience. In the capillary pneumonia of children, it has been in my hands all I could desire. I saw a child whose mucous membranes were producing vast masses, of purulent secretions—they flowed from the bronchial, nasal, oral and palpebral surfaces as well as from the vagina and rectum, forty drops of the saturated tincture of the green root of stillingia in twelve teaspoonfuls of water, one teaspoonful every hour. In twenty-four hours, the purulent secretions were reduced more than half, and, in two days, hardly a vestage of them was left. The child made a speedy recovery.

The secondary stage following burns and scalds, being attended by the excessive production of pus, are proportionally hazardous, as the pus producing surface increases. The febrile and irritative symptoms bear an analogous proportion to the quantity of pus, or the extent of surface involved.

It is more than probable that the pyogenesis and the so-called secondary symptoms are intimately related. It is in these stages of the morbid changes that I have found stillingia so efficacious, in as much as it does arrest the pus exudation and the migration of white discs. In fact, it may be laid down as a general principle, that stillingia does possess the power of arresting the production of white corpuscles in the blood to excess.

Several instances of this kind have come under my notice, in which the stillingia has been arrested the more obtrusive symptoms including the excessive pus formations.

In surgical fever, I regard the stillingia as a valuable remedy, and believe it will be so recognized by the experience of the profession.

Those fearful symptoms of pyæmia that appear on the fifth or ninth day after surgical operations, I believe are best treated by half drachm doses of the saturated tincture or stillingia. For if by any means we can prevent the excessive pus formations, we can also prevent the blood poisoning. Diseases of the eye, especially those attended by extreme photophobia, stillingia will be found available. Its action in iritis is often rapid and well marked, but the dose must be large, ten drops repeated every hour, until the symptoms abate.

Stillingia farther appears to act upon the vasa motor nerves. I have seen it produce a remarkable fading of the intense redness

of the skin in erysipelas in a few hours. It certainly lessens excessive hyperæmia. To obtain the benefit of stillingia, the pure and undefiled green root must be used and tinctured with strong alcohol. My plan is to cut the green root into small pieces and pack a wide mouth bottle full, then pour on alcohol and let stand in a warm place two weeks, occasionally shaking. Then pour off all the tincture, then press the roots to obtain the remainder of the alcohol. This makes a reliable and lovely saturated tincture of stillingia that you can swear by.—*The Archives of American Medicine and Surgery*, March, 1874.

ON PUERPERAL PERITONITIS AND ITS TREATMENT.

BY BEDFORD BROWN, M. D., OF ALEXANDRIA, VA.

The anatomical structure of the serous membranes of the chest and abdomen is identical, and yet the results of inflammatory action in the same tissues are exceedingly diverse.

In the former, life is not seriously endangered, while in the latter, it is in extreme jeopardy. Both peritoneal and pleural membranes enclose equally vital organs. But there is one cause for this difference of mortality in puerperal peritonitis, uterine phlebitis, and septicæmia, which has been so fully discussed as to require no comment here, while there is another still, not less important, and which is common to all peritoneal inflammations, whether traumatic or otherwise in character, which has not received so much consideration.

The great sympathetic, or organic system of nerves and ganglia, being spread out underneath the entire intestinal portion of the peritoneum, and with the exception of the brain, being distributed to every vital organ in the body, is as distinct in its peculiar functions as the voluntary system itself. In every case of peritonitis, from whatever cause, this system of ganglia becomes involved in proportion to the extent of inflammation. When involved in acute inflammation to a serious extent, the tendency is to dangerous depression of its action and functions, and what in reality may be termed paralysis of the organs over which it presides. The marked tendency to depression, and ultimately to paralysis of the action of the heart, constitutes one of the earliest and most alarming features of peritoneal inflammation. This is

not due to serous inflammation only, as no such result is observed in even extensive pleuritis, but to disease and disorganization of a great system of ganglia which presides over the action of the heart and the functions of circulation and secretion. Thus slight injury of this system will often paralyze the action of the heart as speedily as paralysis of a set of muscles will follow injury or disease of the brain. Sudden syncope and death from injuries of the abdominal organs are evidences of this fact.

Hence this condition should not be regarded in the light of an ordinary instance of asthenia. Some of these cases of peritonitis are so sudden in development, and rapid in progress, that they could not be due to septicæmia or ordinary asthenic causes, the functions and action of the organic system being overwhelmed speedily in a hopeless state of paralysis. In a case witnessed many years since, in which a violent rigor followed in an hour after a somewhat tedious but natural labor, with excruciating pain and tenderness over the abdomen, peritonitis, and fever, and universal tympanites, all were developed within a space of six or eight hours. In twelve hours the pulse was so feeble and rapid that it could not be numbered. In twenty-four hours the surface was entirely cold, and death followed immediately. Probably in our investigations and treatment of puerperal and traumatic peritonitis, the important agency and influence exerted by disease of the sympathetic system on the fatality of the disease, as well as on its general progress, have not been duly estimated or considered.

In no other acute inflammatory affection does the rate of cardiac action rank so high from the beginning, or cardiac power so low, with the exception of meningitis, as in puerperal peritonitis. Thus not unfrequently, and indeed usually, the pulse rate will stand at 120 per minute immediately following the primary chill. In twenty-four or thirty-six hours it will often reach 140 or 150. At this rate the muscular power of the heart is reduced so low that the organ fails to throw the blood beyond the larger arteries. Capillary stasis is the inevitable result, and cardiac paralysis follows speedily. Thus the rate of frequency of cardiac action will rank, on a average, higher throughout the disease than in any other. In this state of affairs the contractions of the organ are so slight and feeble as to be scarcely audible to the ear when applied to the chest. Often in these cases the double sound is no

longer heard, but in its place a single confused sound is detected, so feeble and rapid in succession that scarcely an intermission can be perceived. This condition, of course, indicates impending paralysis of the organ.

All other organs to which branches of the sympathetic system are distributed suffer equally in the paralyzing effects of the peritoneal inflammation. Suspension of the functions of digestion, paralysis of the muscular coats of the stomach and intestines, or tympanites, hepatic and renal torpidity, all are among the earliest and most persistent of its results.

Treatment.—In adopting a method of treatment for puerperal peritonitis there are three leading principles which should always guide our action; resolution of inflammation, support of the muscular power and force of the heart, and the prevention or correction of septicæmia when indicated.

Depletive anti-phlogistics will not do, as they only hasten the tendency to cardiac depression and paralysis which we wish to avoid, without in reality materially facilitating resolution. The stimulant treatment alone merely endeavors to counteract effects without correcting the cause. Neither will the expectant method answer, as that merely tacitly permits both cause and effect to pursue their own course untouched. The idea that by any violent or active course of treatment we can *cure* inflammation, is justly an exploded one. All that we can do—and that is a great deal—is to place the different elementary parts of the system, as the circulatory, the nervous, secretory and nutritive, when in a state of disease, in a state as nearly approaching health as possible by the means at our disposal, that what is termed resolution, or, in other words, restoration, may occur.

Now, in the treatment of peritonitis we must adopt a line of conduct which will hasten resolution of inflammation as early as may be practicable, and at the same time sustain the muscular power of the heart, the force of circulation, and obviate the tendency to paralysis of the great organic system. The agent which as a single means, of all others, unites in an eminent degree the powers of resolving inflammation, and of sustaining the vital powers, is the preparation of quinia. It is a potent anti-phlogistic in certain quantities, which does not rob the system of its vital fluid, does not depress the action of the heart, nor produce prostration of the nervous system; but probably acts upon fever

and inflammation by restoring the blood to a healthy condition, and giving tone and strength to the impaired nervous energies.

That it is a potent and permanent promoter of resolution in acute inflammation, the evidences of daily practice, as witnessed in its action in pneumonitis, pleuritis, dysentery, tonsillitis, and in occasional cases of puerperal peritonitis, are such as to leave no room for doubt.

To insure successful results in peritonitis, the remedy should be used in large doses from the incipiency of the attack. After disorganization has commenced nothing can be accomplished by it. Among its earliest good effects are reduction of and equalization of abnormal temperature. Then the frequency of the heart's action diminishes and grows more steady and forcible; pain subsides, and a copious, but natural perspiration finally ends in restoration. In those more unhealthy forms of inflammatory action, as the erysipelatous, gangrenous, phlebitic, and ulcerative, in which septicæma is supposed to exist, quinia, when largely introduced into the circulation, constitutes one of our most valuable anti-septics. I am constantly in the habit of using it freely as an anti-pyretic in inflammatory fever of the highest grade, and see no difference in effect from that in malarious affections.

The bromide of potash in large doses may be associated with the quinine and moderate quantities of morphia advantageously. In violent cases from twenty to thirty grains of the potash may be used every four hours, not only as an alterative, but as a valuable sedative over the nervous and circulatory systems. Furthermore, it counteracts in a measure any unpleasant effects which may arise from large doses of quinia on the nervous system.

In the more advanced stages, when the heart begins to lose force, digitalis given freely gives strength and tone to its action, and in this way diminishes its frequency.

The more active anti-septics are useful, but only in that class of cases arising from septicæmia and uterine phlebitis. As this class of cases arises from decomposing and septic material in the uterus, the use of these correctives is absolutely necessary. In some of these cases the uterine discharges are offensive in an intense degree. Carbolic acid used per vaginam, and externally in poultices, is not only an anti-septic but probably is one of the most energetic anti-suppuratives in our possession. In the more advanced stages, and in protracted cases, chlorate of potash, iron

and cinchona are valuable. Some years since one case recovered under their use soon after effusion into the peritoneum had occurred. In a certain proportion of serious cases, particularly where much tympanites is present, frequent regurgitation of the contents of the stomach occurs, which is often of a peculiar character, presenting indications of fermentation. This is sometimes associated with nausea and vomiting. This yeasty looking matter is regurgitated frequently, and in considerable quantities, regardless of whether the patient takes nourishment or not. It is a serious bar, not only to treatment, but interferes with digestion and nutrition to a degree sufficient to prevent recovery. In this condition, the digestive process is suspended, while the stomach and intestines are constantly pouring forth a vitiated secretion, which rapidly undergoes fermentation, from which enormous quantities of gas are being disengaged, inflating the intestinal tube to gigantic proportions. In some of these cases, the terebinthinate preparations are useful. But in my own experience, the remedy which is the most efficient corrective of this state of the digestive organs is sulphurous acid, given in quantities varying from thirty to sixty drops, in infusion of columbo, every few hours. In not an inconsiderable experience in puerperal peritonitis, extending over a period of twenty years, I have tested the various standard methods of treatment, and can say truthfully, that the foregoing has been attended by far more favorable results than any other.—*Medical and Surgical Reporter*, April, 1874.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Treatment of Whooping-Cough with Quinine.

Dr. B. F. Dawson has recently read a paper before the Medical Library and Journal Association of New York, on "The treatment of Whooping-Cough with Quinine," of which the following is a summary:

In regard to the administration of so disagreeable a remedy, he found that, though frequently there was some difficulty in getting the children to take it, yet it was exceptional for them to resist after the first two or three doses, and in only a very few did it cause vomiting. The direction to give the children a piece of an

orange, or a little sugar five or six minutes after taking the quinine, had doubtless much to do with their seeming willingness to take the "bitter medicine." For his own part he accepts the fungus theory of Dr. Letzerich as the correct explanation of pertussis, and in consequence considers it an affection of the mucous membrane of the pharynx and larynx, and the whooping as simply reflex, and the fact that almost all remedies given for other than their local effects have either signally failed or but partially succeeded, he thinks, strengthens this hypothesis.

In conclusion, the speaker felt convinced that if the following rules are carefully observed, few, if any. will be disapointed in their results:

1st. Give the quinine—sulphate or hydrochlorate—dissolved by acid in pure water only. For children under three years, from five to eight grains, and for older children and adults, from ten to twelve grains to the ounce.

2d. Give not less than a teaspoonful every hour, or, at the longest, every two hours during the day, and whenever cough comes on in the night.

3d. Give nothing afterwards for some minutes to destroy the taste or wash out the mouth.

4th. Continue giving it, notwithstanding the first doses may be vomited.

5th. Be sure that the quinine is pure and thoroughly dissolved.

In the foregoing paper the author wished to be understood as advocating the value of quinine in curing the "whooping" chiefly, the cough in some of the cases lasting for some time after the whooping ceased, and which required the usual treatment for bronchial catarrh.—*Atlanta Med. and Surg. Jour.*, April, 1874.

The Employment of Mint for the Suppression of the Milk.

Dr. Dasara observes that the knowledge of the anti-lactiferous properties of mint appears to have been possessed in very ancient times, since Dioscorides mentions the fact in his works, and subsequent writers have only confirmed his statement.

1. It is an established fact that mint has the power of suppressing the lacteal secretion. 2. The suppression of the secretion takes place at whatever period of lactation the mint is employed. 3. The effect takes place in a very short space of time; according to his experiments, in from three to five days. 4. The suppressive action of mint can be localized to one breast. 5. No danger,

nor even any inconvenience, arises, either to the mother or child, either from the use of the mint or from the suppression of the secretion.—*Atlanta Med. and Surg. Jour.*, April, 1874.

A Vegetable Cure for Syphilis.

Editors Amer. Pract.: Having lived my first century pretty well out, and thinking that I may some time or other die, I desire through your journal to make known to the medical public a discovery I made many years ago, of a vegetable cure for syphilis. This is a tincture of datura stramonium and phytolacca decandra. Of the best proportions of the ingredients I am not now able to speak with confidence, but my recollection, is that I made the tincture of one ounce of the stramonium-seed and half a pound of the poke-root to two quarts of common whisky. I am sure I have in the last fifty years treated by this tincture twenty cases of syphilis, many of them of the worst form, with perfect success. It is proper to add that I got the hint of poke-root as a remedy in the disease as long ago as 1815, when I was a pupil in Dr. B. W. Dudley's office, at Lexington, where I saw it given successfully in the case of a negro man. C. C. GRAHAM, M. D.—*American Pract.*, April, 1874.

Action of Cold Water on the Spleen.

Dr. F. Mosler has arrived at the following conclusions from experiments on the action of water on the exposed spleens of animals. 1. The immediate contact of water with the normal spleen produces a visible contraction of the organ, varying in degree with the temperature of the water and the duration of the application. 2. In a less degree, cold water exerts the same action on the spleen through the intestinal walls. The effect of a cold douche is greater than that of the application of cold compresses or pieces of ice; probably the mechanical influence plays a part here. The action of water is inferior to that of quinia in causing contraction of the spleen. 3. Cold water also produces diminution in the size of splenic tumors, both acute and chronic. 4. The febrile paroxysms in ague may be arrested by cold douches applied after Fleury's method. 5. The cold douche does not supersede the use of quinia either in recent or in chronic cases of intermittent fever. 6. The therapeutic action of the cold douche in intermittent fever is not complete. It does not prevent relapses nor the formation of splenic tumors. 7. The splenic tumor in typhus is reduced in

size by the use of cold water. 8. Much good is to be expected from a combination of the application of cold over the spleen, either in the form of ice or of the cold douche, with the administration of quinia.—*Baltimore Physician and Surgeon*, April, 1874.

Treatment of Delirium Tremens.

At Roosevelt Hospital, New York, the standard prescription for this condition is—

℞ Chloral hydrate.....grs. xxx.
Potass. bromide.....grs. xl. M.

To be given at bedtime, and continued through the day in smaller doses if necessary.

This treatment for a fully developed attack. Milder cases are treated by two drachms of the tincture of lupuline and a bottle of ale at bedtime, and in a majority of instances this is all that is required; for as soon as the patient has secured a few hours' sleep, the crisis is passed, and he will then begin to take his beef-tea and come up rapidly. A patient present who was suffering from alcoholism, and when admitted was very tremulous, was receiving:

℞ Potass. bromide. .....grs. xxx.
Morph. Sulph..... gr. 1-8
M. S. t. i. d.

Bellevue Hospital.—"What this class of patients most need is food and rest." Rest is usually secured by the administration of either potass. bromide in large doses, grs. xxx, every two hours perhaps, or chloral hydrate grains xx, every hour. It is necessary in using the latter remedy to be cautious with regard to the size of the first doses, until the strength of the preparation and the susceptibility of the patient is fully understood. * * Occasionally even large doses will be of no avail. A very common prescription employed is the following:

℞ Potass. bromide..... ʒ iiss.
Chloral hydrat..... ʒ iss.
Syr. Aurantii, Aquæ.....aa ℥ ij.

M. S. Half fluid ounce, and repeated every hour if necessary to procure sleep.

Persistent nausea and vomiting must be treated with administration of ice; and the employment of nutritious injections. Careful examination must be made, and repeated, for pneumonia,

especially in the winter, for it frequently comes on very insidiously without any complaint of the patient.—*Baltimore Physician and Surgeon*, April, 1874.

Sore Nipples and Mammary Abscess.

ABSTRACTIONS BY PROF. ADOLPHUS.

Prof. Fordyce Barker, in the *N. Y. Med. Record*, recommends in sore nipples, to apply a solution of nitrate of lead ten grains to the ounce of glycerine, and paint the parts over every time after the child nurses. The nipple is to be washed clean before the child is applied. He says the nitrate of lead is a most complete and perfect prophylactic against the occurrence of sore nipples. The strength of the solution may be increased to fifteen or twenty grains when deemed necessary. When the cuticle is denuded and we have a raw surface, or when it is so irritated that there is danger of abrasion he recommends painting the parts with the *compound tincture of benzoin* instead of collodion. Wipe the nipple dry after the child has nursed, and with a camel's-hair brush apply three or four coats of the tincture; each previous coat being allowed to dry. The first application causes a little smarting, that soon subsides. These several coats form an excellent artificial cuticle, and at the same time permit the flow of milk without obstruction. When the fissure is at the base of the nipple, he advises the edges to be touched with the fine point of a stick of nit. of silver and the comp. tinct. benz. applied. The best artificial shield to the mother's nipple when the nursing of the infant causes pain, he says is the cow's teat.—*Archives of Amer. Medicine and Surgery*, March, 1874.

Gelseminum in Gynæcologia.

Dr. H. V. Ferrel, in the *Clinic*, says he has found Gelseminum to possess the property of causing a dilatation of the os-uteri.—*Archives of Amer. Med. and Surgery*, March, 1874.

Eczema Capitis.

Cure it if possible, notwithstanding the somewhat prevalent idea to the contrary. The method of procedure recommended is as follows:

First, apply a poultice every night until all the scabs are removed. The ulcerations, which are sometimes present after the scabs have been removed, are best cured by the application of a

wash made of nitrate of silver grs. v. to the ℥ i. of water. The following is then used with good success:

℞ Aquæ Cologne ..... ℥ iv.
Glycerine ..... ℥ ij.
Carbolic acid crystals ..... ℥ i.
Borax ..... ℥ i.
M.

Continue the application of this remedy for some time for the purpose of curing the eczema.—*Medical Record*, December, 1873.

How to Check Coughs.

Dr. Brown-Sequard, in his late Boston Lectures, says that there are many facts which show that morbid phenomena of respiration can always be stopped by the influence of arrest. Coughing, for instance, can be stopped by pressing on the nerves of the lip in the neighborhood of the nose. A pressure there may prevent a cough when it is beginning. Sneezing may be stopped by the same mechanism. Pressing in the neighborhood of the ear, right in front of the ear, may stop coughing. It is also preventive of hiccough, but much less so than of sneezing or coughing. Pressing very hard on the top of the mouth inside is also a means of stopping coughing. And, he adds, that the will has immense power there. There was a French nurse who used to say, "The first patient who coughs here will be deprived of his food to-day." It was exceedingly rare that a patient coughed then.—*Med. and Surg. Reporter*, April, 1874.

Prevention of Mercurial Poisoning.

It has been discovered by Jules Meyer that operatives exposed to mercurial fumes escape wholly their disagreeable effects if the atmosphere is kept moderately charged with the vapor of ammonia.—*Detroit Review of Med. and Pharm.*, January, 1874.

Whooping-Cough.

Dr. Stephens, of Ilminster, gives his experience with various remedies in this disease, in the *British Medical Journal*, as follows:

I must give the preference, in an ordinary case, to small doses of compound tincture of benzoin, frequently repeated. If the cough be more than usually spasmodic, I find dilute hydrocyanic acid, combined with bromide of potassium and camphor mixture, very serviceable; in the latter stage of the disease I much prefer alum, combined with dilute nitric acid and gentian, to any other

astringent tonic; although in all cases everything depends upon the diathesis of the patient. I was greatly disappointed in the use of chloral hydrate, as in one case only could I detect the slightest benefit.—*Med. and Surg. Reporter*, April, 1874.

Editorial.

We have on our table a copy of the Transactions of the Ohio Medical Society, for 1873. This contains some of the most interesting papers that could be brought before the Medical Profession, well calculated to elicit research and investigation. The *Annual Address* of the *retiring President*, A. B. Jones, M. D.; is very interesting; and the remarks relative to Medical education, sound and practical.

The report on a *State Board of Health* by J. R. Black, M. D., will commend itself to every attentive reader.

The paper presented by J. B. Hough, M. D. entitled *First Phases of Living Forms*, is instructive, and requires careful and close attention while reading, in order to be duly appreciated.

Therapeutics of Alcohol, by E. H. Hyatt, M. D., discovers research, and ability for discrimination.

The Treatment of Chronic Nasal Catarrh, by Jas. T. Whittaker, M. D., has many points of interest to the profession.

Treatment of Cataract, by W. W. Seely, A. M., M. D., is a very able and instructive paper.

Caseous Pneumonia in its relationship to Tuberculosis, by A. T. Keyt, M. D., this paper speaks favorably for its author as being well versed in the history of his subject.

Opthalmology, by J. H. Buckner, M. D., commends itself as an able production, and is made interesting to the reader.

Dipsomania and Drunkenness, by D. A. Morse, M. D. No better paper has ever been published on this subject.

Cases of Disease of the Nervous System, with Commentary, by Roberts Bartholow, A. M. M. D. This paper is useful for reference, to the practitioner, and one of great merit.

Report on Therapeutics of Mineral Springs, by Geo. E. Walton, M. D. This report is replete with interest to the profession, as showing the Medical properties of the various springs.

Sulphate of Quinia, by S. S. Gray, M. D. This paper is of practical importance, and will be received as a rich legacy by the practitioner of medicine.

The Society holds its session three days, and its Transactions, in point of merit, will take the front rank, when compared with those of sister states. A physician can claim no higher honor than a membership in such an organization.

By the kindness of J. T. Reeve, M. D., Secretary, we have received a copy of the "TRANSACTIONS OF THE WISCONSIN STATE MEDICAL SOCIETY," for the year 1873; with the constitution and By-Laws of the Society, and a list of its members.

The Society convened (the twenty seventh) in the city of Milwaukee, June, 18th, 1873, and held in session until the 20th, when it adjourned to meet in the city of Janesville, the third Tuesday of June 1874, at 7 o'clock P. M. The reports of the various Committees, appointed at the previous meeting, are very full, and of great interest and importance to the Profession, exhibiting a good understanding of the theory and practice of and practice of Medicine and Surgery, and evidently prepared by men of ability. There was a good attendance; and from the numerous addresses and remarks during the progress of the session, it appears to have been one of considerable interest.

Extra copies of the volume containing the transactions of the session, may be obtained by remitting 75 cents to the Secretary. A few copies of the volumes for 1869, 1870, 1871 and 1872 may be obtained at the same price.

THE PHYSICIAN'S DIARY.

BY B. F. HUMPHREYS, M. D., HAWKINS, TEXAS.

Have you seen that beautiful and elegant little volume, published at the *Office of the Journal of Materia Medica?* If you have, you will admit that it is a real *Souvenir*, worth ten times its cost to the physician. If you have not already become the owner of one, you should send one dollar to the publishers for the Diary. Having once seen or used it, you will not be willing to do without this valuable little annual, though it should take your "bottom dollar." You will have it every year.

How is it possible for the publishers to get up such a neat and substantial volume of 312 pages, for such a trifling sum, is a mystery! There are 108 pages of printed matter worth the price of the book, as a reference on various subjects. There are over 200 pages, (blank,) ruled most elegantly, with the appropriate printed headings on each page.

The Visiting List and Record, consisting of 105 pages, contains some new features, in the arrangement, that will prove to be more acceptable than any others that we have seen. This List is designed for 30 patients weekly. Those so fortunate as to have more than this number can interline. The blanks are—1. Name and Residence—2, Day of Week and Month —3. Amount of Bill—4. Age—5. Sex—6. Disease—7. Remarks. What *more or less* could you want?

Next in order, Obstetric Calendar and Record, Special Memoranda, Monthly Memoranda, Vaccination Record, Record of Deaths, Nurses, List of Things Lent, Cash Record, Miscellaneous Addresses, General Memoranda, Memoranda of Medicines Wanted.

It is neatly ruled and printed on the very best paper, gilt-edges, morocco binding, tuck, pocket, &c. We should think the physician very hard to please, who fails to perceive and acknowledge the entire accuracy of this beautiful little Diary.

How many physicians lose a dozen times the cost of this book, each year, by neglecting to charge for an occasional visit or prescription? How often in posting, do we see a name, and "happen" to think of an uncharged visit or prescription? This little Souvenir will prevent any mistakes of that kind. And besides all this, it is so convenient, when pushed in practice—hardly getting time to sleep—to let the account books alone until we have time to post, which can readily be done from the Diary at any time.

Whoever uses this Diary once, will ever afterwards consider it a *sine qua non*. We have seen some other styles of Visiting Lists, but nothing so convenient and satisfactory, in every respect, as the *Physician's Diary*, published by Messrs. TILDEN & Co,, New Lebanon, N. Y.

A CASE IN PRACTICE.

BY HUGH HOLLIS, M. D., JACK'S CREEK, HENDERSON CO.

In Nov. last I was called to L. R.—æt 20, a stout athletic young man—pulse 100, full and bounding; respiration 24 and oppressed; tongue furred and dry, with a dryness of the mouth, and continual hawking, though but slight expectoration; bowels confined and slightly tympanitic; with erratic pains there, and in the thorax; cutaneous secretion absent; renal functions normal. On examination, I found the whole back part of the mouth inflamed as far as I could see, and studded with little elevations the size of pin-heads, together with inflammatory sore-throat and falling of the palate. I diagnosed granular pharyngitis, with the two last mentioned symptoms above, and as the breath was very offensive I deemed Bromo-Chloralum especially indicated, accordingly I prescribed:

℞ Bromo-Chloralum.... .....

Aquæ Pura aa..... ..... ℥ j.

Sig. Teaspoonful every three hours, gargled and held in mouth a minute before spitting out, then swallow about one-fourth as much in a sup of water. With this and painting the throat externally with the Tr. Iodine twice a day until vesication occurred, and kept covered with flannel, calomel 10 grains, Dover's Powder 5 grains to remove the constipation and counteract the inflammatory tendency of the blood, for two

nights, followed in the morning with Ol. Ric. ℥ ss. Ol. Tere. gtts. x. To relieve the abdominal soreness and to clear the mercurial from the system, the whole being premised or used in connection with the following which I invariably depend upon to reduce arterial action, or in other words, as "fever drops," viz:

℞ Fluid Extract Gelseminum..... gtts. vj.
Tr. Veratrum Viride..... gtts. iv.
Spts. Nit. Dulc..... ʒ ss. M.

and take at a dose every two hours until the fever begins to subside or the Gelseminum causes dizziness, drooping of the eyelids, &c., then widen the interval, or skip one or two doses.

I used the Bromo-Chloralum for its antiseptic and astringent properties, not thinking that it would control such obstinate diseases as affections of the throat frequently prove, but my patient improved rapidly, in fact he said his throat felt better just after the *first gargling*, and was dismissed well on the fifth day. I have used it in various cases since, and always with the gratifying results above recited, and esteem it one of the richest offerings yet made by chemistry to therapeutics, for the benefit of suffering humanity, in correcting the protean phases of their pathological conditions.

Bromo-Chloralum in Treatment of Wounds.

Extract from Letter of A. R. Logan, M. D.

Milan, Rock Island Co., Ill., *January* 28, 1874.

"January 5, 1874. Mr. F. F., of this place, received a blow with a cutting instrument in the hands of another man, upon the forehead, two inches above the left orbit, with sufficient force to prostrate him to the earth, and lift the soft tissues clean from the os frontis, of a crescent form, three inches in length, and approaching a fracture of the bone two inches in length, with concomitant symptoms. Under the usual treatment the wound healed by first intention, and, in a few days, the man was apparently well. To guard against accident, however, he was advised to stay in the house and keep quiet. January 17, was summoned to see the patient. Found the wound gaping wide open, and discharging freely a thin sanious matter. Suspecting necrosis, probing the wound revealed the entire absence of sensibility in the bone, one and a quarter inches in length by one half inch in width, along the upper border of the fracture, attended with numbness or a *dead* feeling on a line with the wound, extending back to the crown of the head. Lancinating pains were darting from the left temporal region toward the seat of the wound, and slight constitutional disturbance was indicated by furred tongue and some febrile excitement. The usual hygienic and constitutional treatment with the

free application of BROMO-CHLORALUM locally, by injecting the wound thoroughly, of strength one part to eight of water, with the application to the wound of a cloth saturated with the same, was followed by prompt reaction, with gradual restoration of vitality in the osseous tissue; and at this time there is a very encouraging prospect of a sound forehead without serious disfiguration."

Elixir-Iodo-Bromide of Calcium Compound.

We are permitted to make the following extracts, from a private letter of a Western Physician of eminence. In speaking of the use of the "Elixir Iodo-Bromide of Calcium Comp.," in his practice, he mentions several important cases where its use has been attended with unusual success:—

"The following are some of the conditions of ill health, in which I have been successful in its use.

1st. To give tone and *contractility* to the *moving fibre*, when contractility and tonicity are deficient or perverted.

2d. To improve *the condition* where the *symptoms indicate disease* of the *vesicular nerve tissue*, or *gray matter*, as it has been termed.

3d. To give increased *force and efficiency to secreting structure*, in *conditions where greater* eliminating power seems to be required by excretion as in all diseases dependent upon inefficiency of the lymphatic glandular system.

4th. To add to those elementary components of the blood, which are not sufficiently furnished by the elementary changes wrought in the blood, by *respiration*, by *secretion* and by *nutrition;* and to prevent the deposition of heterologous deposits, and to aid in the elimination of foreign matter.

In short this remedy seems to be readily absorbed by the veins of the stomach, and to be carried directly into the circulation and from the variety and nature of its component elements to be influential in cell tissue formation—to have the power to remove disease in a great degree, in its incipiency, or to be adapted to the removal of the causes of disease.

I have tried it with satisfaction in *chronic cerebro-spinal meningitis.* In the slower forms of *schirrous carcinoma, in scrofula and in a large number of cases of nervous prostration and paralysis.*

A case of schirrus of the neck of the uterus involving the vagina and external orifice of the *urethra, which* I have had charge of for *five or six years has apparently* yielded to the *free use of the elixir* for the last twelve months.

Its internal use is indicated in all those diseases where an *alterative elimination* and resolvent action are required; mildly laxative, non-stimulating and indirectly tonic, the system is *steadily improved by its use;* especially in connection with the judicious use of other remedies when their well known quality indicates their use."

Extracts from letter of S. R. Nissley, M. D., Van Wert, O.
(formerly of Pemberton, Ohio.)

May 4, 1874.

"Since coming here I have made diseases of the nose (commonly called catarrh in the head) a specialty, and have been using the Solution Iodo-Bromide of Calcium Comp., in almost every case as a topical dressing in the shape of injection by the nasal passages and I have met with uniform success wherever I gave the preparation a fair trial—at the same time administering the Elixir of same, internally, in teaspoonful doses, three times a day."

"I prescribed the Elixir in a case of erysipelas some time ago, and it acted like a charm; also in a case of granulation of the eye-lids, with similar pleasing results. In large doses the Elixir is not only a potent alterative but an efficient diuretic, imparting vigor and vitality to the kidneys, as well as a general invigoration to the debilitated condition of the stomach and digestive organs."

Extract from Letter of J. C. Bowman, M. D., Girard, Trumbull Co., Ohio.

"I have been using the Elixir Iodo-Bromide Calcium Compound, in my practice, and consider it one of our best alteratives."

Bristol, N. H., Feb., 27, '74.

Gents.—I have sold all the Elixir Iodo-Bromide of Calcium Compound, I had of you, and I want you to send me *at once* by express thirty pounds or more of it. I am not particular as to the quantity, for if it increases in sale for a month to come as fast as it has, I shall want it by the barrel. But the best of all is that in no case has it failed of benefiting the patient who has taken it. One of our leading Physicians here who has used a large quantity of it the past season, told me the other day—that he had not given it to a single patient where it did not do good; and he considers it the best alterative known to the profession.

Yours faithfully, DAN'L E. WELLS, M. D.

Erratum.

In April No. of Journal, p. 105, in ℞. "to allay the intestinal irritation"

—for Chlorate of Potassa..... ʒ iss.

Read Chlorate of Potassa..... 3 iss.

☞Correspondents will oblige us by writing plainly their *names, Town, County and State.* We are frequently unable to answer letters because these are omitted.

THE

Journal of Materia Medica

DEVOTED TO

Materia Medica, Pharmacy and Chemistry.

Vol. 13.] JUNE, 1874. [No. 6.

Communications.

THE CONDITIONS OF THE CONFLICT.—ORATION DELIVERED BEFORE THE MEDICAL SOCIETY OF THE COUNTY OF KINGS, BROOKLYN, N. Y.

BY ALEXANDER HUTCHINS, M. D.

One of the pleasing re-assurances that attach to the ordinary experience of a physician comes to the surface when he meets his younger brother riding, for the first time, in his new buggy. The cheerful sunlight, the fresh verdure, the exhilarating atmosphere and clear landscape of a June morning, are Nature's fitting accessories to the bright and perfect newness that is dignifiedly moving over the patent pavement. Unmarred by scratches, neither mud nor dust have dimmed the brilliant lustre of its polish. No stain tarnishes the trappings to unbefit them for the adornment and control of the well groomed animal that restlessly confesses to his new experience. There is a restrained carelessness in the well cared for boots on the foot-rest, a fidgetty composure with which the gloved hands grasp the reins, a warm flushing of the face that betokens the timidity with which one ever greets the unaccustomed and the unfamiliar. As the carriages approach yet nearer, there is a nervous quickening of the pace, reasonless, yet instinctive; a hastening which a more thorough equipoise would have steadily

controlled, in deference to a dignity suited to the time; but which self-consciousness, asserting itself by processes that outwit the sternest conventionalities of the stanchest propriety, unluckily inspires and proclaims its owner human.

But this new buggy is a triumph, and such a triumph as can never be achieved again. The self-consciousness that asserted itself within it, was honorably justifying the satisfaction over a victory achieved against odds, that, could they have been foreseen, would most likely never have been met. That new buggy has been the fruitage of steady and expectant waiting, that most trying and exhausting of all labor, obedient to necessity, and yet realizing, in the completest sense, the apostolic injunction of "having done all, to stand." It rests as a terminal of a long line of spoken and insinuated taunts at the inexperience of youth, the more mortifying from being undeserved and from sheer inability to check them, save by endurance. It crowns a contest with the meaner types of selfishness and imposition, against which open resistance were failure. It has been wrought out of the mephitic poison of crowded tenements, where suffering ignorance and treachery, unable to comprehend sacrifice, were serving as a power to mould fitness for the events of the future. In it the victor summons to himself a reward for discouragements without number, cheerily mastered and given to the winds. With it he has achieved a self possession, a dignity among his inferiors, a permanence among his own, a sense of fitness for occasions that may at any moment lift him higher, which, but yesterday, were an inchoate, vaporous uncertainty. In the repose of the moment he dreams that August suns and December blasts shall never again exhaust his tired body, straining to and from his tasks. He feels that, from the materials within him, he has worked out the problem of success. Henceforth the seeker shall be the sought. He has passed the first lustrum of his career. He rides in his new buggy!

But the man that passes him with encouraging recognition is not unmindful of the past. He may smile at the dreamer's buoyancy; but ridicule has no lodgement in the experience that has woven a woof of pathos through his life. Scanning a wider horizon, his sympathies with the beginnings of a professional life have intensified, and not weakened. True, he has not walked for

many a year; but the restless dissatisfactions of the earlier times have had their counterparts in ever-recurring phases, one decade after another. The repose that once seemed so sure of attainment has softened down into contentment with things as they are. Mastery over events has glided into meeting emergencies. His more thorough knowledge has increased his power; but it has taught him humility in the presence of so much that has not been revealed. His more polished arts have made easy his contact with men; but they have been equally serviceable in enabling him to withdraw comfortably from contact he could not escape. His greater familiarity with his immediate duties has promoted ease in their performance; but it has begotten a singular monotone in his life. His intimacy with suffering has quickened his sensibilities; but for his own peace of mind, for the greater part, it had better made him marble. The kindlier part of him, developed most acutely by the very necessities of his calling, so little demanded of him, that he carries a useless burden ever. The confidant of all, to the relief of all, there is no outlet for this accumulating flood. Prospered and independent, yet helpless to resist the demand of need or caprice. Skillfully prompt in the most exacting emergencies, yet those most benefited, utterly and for ever unconscious of the brave deeds done. Self-sacrificing so often and so greatly that self is lost in service to his kind, with the requital grudged and ill-mannered. Conscious of pure motives and wisely-directed action, his motives have been maligned by ignorance and unreasoning disappointment has discredited his wisdom. Confident in the excellency of his profession and its entitlement to respect, his very vantage-ground is the arena for the triumphs of pretenders.

So from the materials of his garnered experience the new buggy kindles in him somewhat of rejoicing. The needs of his own life may have been too stern for him to have contributed aught save a kindly word towards the result which carries him back to his own beginnings; but he recalls the involuntary sigh with which he greeted the gilded sign when it first announced the need of patronage. He has observed the steady composure with which his younger brother has met the years, the discretion in deportment, he sobriety of conversation and of habit, the diligence and tccuracy in business, the intelligent and conspicuous alliances with

schemes of benevolence and good order, and the steady growth in public favor and esteem. The new evidence that a reward has come to all this he recognizes as an additional prop to his own maturity. He knows that no one man can absorb all victory, and that each additional warrior, if full panoplied, renders the issue less doubtful. He knows that the hard won triumph of the younger man is, by so much, the security of his own; that if others can successfully follow in his track, his own life's labor has not been profitless. The needs that are calling for new men are the demonstration to him that he has satisfactorily met the duties of his life. His own success has smoothed the way for his successors. And so the new buggy brings to him the pleasing re-assurance.

In this profession, as in all others, the stock is ever being renewed. The advent of the new is the perpetual stimulus to the elder and, without trespass, is forever pushing it on, The accession of new force not only enlarges the domain of its operations, but increases their power. As the laborers are more numerous, the boundary lines of labor become more enlarged, and the individual labor more concentrated. The contributions of each are to the common stock and the successes of each strengthen the foundation of the common edifice. The accumulated arts of learning are the lineal heritage of its votaries. Those who enter into the mysteries of the inner temple are dignified and adorned by ministering at its shrine. The person may be on the hill-tops for a space, but time passes on at a rapid rate and soon the workers vanish in the work achieved.

"The individual withers, but the world is more and more."

The science, that this Society is constructed to nourish and protect, may well stretch out a welcome to all who come within its fane with clean hands and who, in the spirit of honorable manhood, pledge perpetual adoration at her altar. Her triumphs, like all others, have been won for her at the cost of many things. Her faithful servitors bear one common torch, offer one common sacrifice, receive one common unction, and go forth on the errands of a common ministry.

And who is this man that they call "Doctor?" Strange confession is it to the unity of his order that his individ ality is so

often merged in his title! The title that graces the most skillful practitioner of medical arts descends through infinite depths and clings to the half-grown boy that unscrews soda-water and deals out doses of salts at the pharmacy. The druggists take to the title like ducks to water. The myriad pesthood of patent medicine makers flare the title as their claim to the public confidence. Natural bone-setters and eclectics, cancer-cures and homœopaths, old sands-of-life and indian-herbs, equalizer and movement-cure, health-lift, hydropathy, neuropathy, kinesopathy, thomsonianism, clairvoyance, mesmerism and second-sight, with the more cruel types that wallow in the ooze below, and all the leprous and abominable heresies of medicine that prey upon the prejudices and fears of men, flaunt "Doctor" on the red flag of their festering commune.

"All the grizly legions that troop
"Under the sooty flag of Acheron."

"Perverse, all monstrous, all prodigious things,
"Abominable, inutterable and worse
"Than fables yet have feigned, or fear conceived
"Gorgons, and Hydras and chimæras dire."

Not all are fools or blind. To the average man the doctor is one who relieves or cures his physical infirmities. He questions no further. For him it is sufficient that the ability to do this is claimed and that the claim is made good to his satisfaction. He requires certain services and pays for them. This terminates the transaction. To his notion the service can be performed in various ways. He chooses the way that suits him best. There are some agents that, in his judgment, are unsuited to the animal economy; the man who discards these is his doctor. He is convinced that Nature has a simple for all our frailties; the purveyor of herbs is his doctor. And

"Some to the fascination of a name
"Surrender judgment hoodwinked."

(TO BE CONTINUED IN JULY NUMBER.)

THE TREATMENT OF CONSUMPTION.

GLEANED FROM CLINICAL LECTURES AT THE HOSPITALS OF NEW YORK.

The great controlling idea which should govern the medical adviser in the management of this class of cases is the adoption of such measures as will secure the best possible condition of nutrition.

As far as the lungs are concerned, they should be made of secondary consideration. Special symptoms and local manifestations are not to be regarded as the great questions at issue. Not everything that is done, is to be done with the view of checking a diarrhœa, improving the appetite, arresting night-sweats, quieting the cough, etc.

THE QUESTION OF CLIMATE IN PHTHISIS.

First, a proper atmosphere should be given the patient to live in. An air should be obtained, if possible, of such a nature that it can be breathed for the greater part of the twenty-four hours. Second, give the patient the benefit of sunlight. Third, avoid an atmosphere loaded with dust. Fourth, exercise without producing fatigue.

The climate should be selected, if change of climate is to be made, in which the patient can be the most comfortable for the greater part of the twenty-four hours, for that is the climate which is to prove the most beneficial. The temperature and locality are, in general, secondary considerations. As a rule, a low and damp location is injurious.

If the patient cannot be exposed to out-door air without feeling chilled, and is necessitated to sit by a fire when he returns, for the sake of again feeling comfortable, it is much better for him to remain in the house and make an atmosphere for himself by artificial means, and then take regularly such light gymnastic exercise as will keep the body in the best possible condition. If change of location is to be made, the patient should be sent to some place where he will have a good time. Never send a patient where he will be surrounded with depressing and unhappy influences. Never send a patient in the advanced stage of consumption away from home, unless he is so situated that he can take his home and all its comforts with him. Never send a person with consumption to the sea-shore, unless the experience of the individual has proved

such an atmosphere beneficial. In general it does harm. Some favor long sea-voyages in the earliest stages. Especially avoid the habit of sending every patient to the same place. In case the patient enjoys hunting and fishing, if he can be sent to a locality where he can have his favorite sports, it will prove an additional item in his favor. The man who is fond of these sports is much more likely to get well of his phthisis. If these external general conditions can be controlled, no great amount of anxiety, as a rule, need be manifested with regard to the *cough*. It is the cough generally that most attracts the attention of the patient. The great object to be held in view is to raise the health of the patient to a level above that in which phthisis progresses. The power of drugs to accomplish this is very doubtful. Alcohol is of doubtful efficacy. If used at all, it should be used with the view of assisting digestion; and the article selected should be that most agreeable to the stomach. Air free from moisture and dust, food and exercise, are the things to be relied upon in the general treatment of this disease.

There are certain effects of the disease which the physician will be called upon to counteract, and for the relief of these he may be obliged to resort to some therapeutical measures. It is to these conditions and measures that attention is now especially directed.

THE COUGH OF PHTHISIS.

Phthisis occasionally occurs without cough, but these cases are always complicated ones. The insane may go through the entire course of phthisis without cough. For the relief of the cough of consumption, an almost endless retinue of cough mixtures has been formulated. Most of them contain poison. The effect of the opium is simply to blunt the sensibility, and permit the material to accumulate, which is to be expectorated. An additional result is, that opium is almost sure to injure the patient's digestion.

If it becomes necessary to do anything for the relief of cough, there is nothing more serviceable than morphine. While administering it, do as little as possible in the way of producing another evil, by the arrest of one already existing.

What are commonly known as cough mixtures are ignored. When remedies for relieving the cough must be used, use, by preference, those which have the most powerful quieting influence without disturbing the stomach.

DISTRESS AFTER EATING, AND DIARRHŒA.

This is a very common occurrence. There are two conditions upon which diarrhœa and distress after eating depend. They may depend upon a hyperæmic condition of the gastro-intestinal mucous membrane, consequent upon irritation produced by indigestible food, or diarrhœa may be caused by ulceration of the intestines. When diarrhœa or distress after eating occurs in the earlier stages of the disease, it is most probably due to hypersæsthetic condition of the mucous membrane, and a hyperæmic condition, of which the diarrhœa is but an effort to relieve the engorged mucous membrane. Simply arresting the discharges from the bowels is not well. Produce several watery discharges without pain, and the engorgement will be relieved; and then opium and astringents may be used, if necessary. As a rule, opiates and astringents are to be resorted to only as secondary measures.

A very efficient prescription to be administered under these circumstances is:—

℞. Sulphate of magnesia,
Tr. opii camph.. .... *aa* ʒ i.
Aquæ..... Oi.
M.

S. Wineglassful every two or three hours, until two or three free watery stools are produced. To prevent recurrence, regulate the diet. When the bowels are irritable, beef-tea is apt to purge. Milk, farinaceous food, yolks of fresh eggs beaten up with wine and sugar. If these do not agree with the patient, raw beef scraped fine may be tried; or it may be just heated through, and then scraped fine, and seasoned with pepper and salt; and in some hospitals vinegar is also allowed.

An exceedingly serviceable remedy to be regularly administered in these cases of disturbed digestion, irritable mucous membrane and diarrhœa, is *lacto-phosphate of lime.* The article must be fresh, and must be kept in a cool place. Unless these precautions are taken, the remedy itself will prove purgative.

Pepsin combined with *muriatic acid* is an excellent assistant to digestion under these circumstances; fatty meat, thoroughly boiled pork, fresh butter; perhaps cod-liver oil.

Thoroughly boiled pork is most excellent for children who suffer from summer complaint. The diarrhœa of phthisis may occur from simple thickening of the mucous membrane of the small intestines

When the diarrhœa depends upon ulcerations in the intestines, the regulation of the diet is an exceedingly troublesome undertaking. Resort should be had to those articles of diet which will give as little trouble as possible in the *latter* stages of the digestive process. If the ulceration is in the small intestines, cod-liver oil and the hypophosphites may be of great service. If the ulceration is in the large intestines, but little more than temporary relief can be expected. The presence of blood in the discharges is regarded as evidence of ulcerations in the intestines. The seat of the pain, tenesmus, etc., is generally sufficient to distinguish ulceration of the large intestines from ulceration of the small intestines.

The most relief to be obtained from *drugs* is when the diarrhœa depends upon ulceration of the small intestines. The treatment adopted for the diarrhœa which depends upon a condition of hyperæmia is not of much service in this condition.

Among drugs sub-carbonate of bismuth is regarded as one of the best remedies that can be employed. It may be given in doses as high as ʒ i. t. i. d.

℞. Bismuth subnitrat.... ʒ i.
Morphiæ sulph..... gr. i.
M.

Div. in pulv. No. xij.

S. One every four, six, or eight hours, p. r. n.

Sometimes benefit will be derived from the use of mineral waters. Water from the Rock Ridge Lima Spring of Virginia is the *best* that can be employed. The water contains lime and iron, and is astringent and tonic. Of this ℥ ij. to ℥ iv. may be taken every three to six hours. It can be taken clear or with other water.

Oak Orchard water is regarded as very serviceable in the treatment of chronic enteric difficulties of any kind.

In the latter stages of the diarrhœa of phthisis, especially when the large intestines are the seat of ulcerations, *opium* is the chief remedy to be relied upon. When given to relieve pain, hypodermically or by suppositories, it is much less liable to disturb the stomach. Suppositories made of *gum opium* alone are much more efficient than when the opium is compounded with other substances.

Salicine, in ten-grain doses t. i. d., has something of a reputation in the treatment of diarrhœa of phthisis. The remedy may be given in divided doses, and administered more frequently, if desirable.

VOMITING AFTER MEALS.

This symptom is quite common, and when present is apt to be troublesome. A wineglass of champagne, taken during meals, will sometimes arrest it once.

Hydrocyanic acid dil., in doses from *m* iij., gradually increased to *m* vij., administered just before each meal, is another remedy. The condition is ordinarily one of irritability, and if the acid can be carried so as to produce quite marked sedative effects, it may be of great service.

Pepsin—Pepsin and muriatic acid, compressed soda pills (English preparation, grs. viij. each), one before each meal.

Raw beef scraped or cut fine and seasoned.—Let the patient take teaspoonful or half-teaspoonful doses every hour or two, or oftener, and subsist upon this alone for a few days. The effect is very beneficial in many cases. Another method of preparing it, is to lay a piece of beef upon *live coals*, *immediately* turn it, and *immediately* remove it. This cooks the meat the least possible amount, and yet gives it a flavor, which, to many patients, is much more agreeable than when perfectly raw. It is then cut in small pieces, seasoned, placed by the bedside of the patient, and every now and then a piece is taken, chewed and swallowed. This is a most excellent means for overcoming the vomiting which is sometimes present in chronic Bright's disease.

HÆMOPTYSIS.

This, to the patient, is an alarming symptom. As a general rule, they do not die of hæmoptysis. In fact, they do better, and are rather more likely to recover or have an arrest of the disease, when hemorrhage occurs. Those cases which do get well almost invariably have a hemorrhage before recovery takes place. The *moral* effect produced upon the patient when such encouraging expressions are given him, is sometimes wonderful. It is in the early stages that hemorrhage may be beneficial; but from the middle to the latter part of the disease, the result may be different. If the patient has bled a small quantity, place him in bed and keep him perfectly quiet. If he belongs to that class who can take opium without producing unpleasant secondary effects, a moderate dose will diminish the moral effect which the hemorrhage has produced, and will also diminish irritability. Salt may have some effect, and certainly it can do no harm. It may be taken in small spoonful doses, followed by water. It sometimes, without doubt, does good,

for it ordinarily purges when administered in this manner, and it is a remedy of which the patient will not be afraid. In those cases where the patient occasionally spits up a teaspoonful or so of blood, do not resort to inhalations of nitrate of silver or persulphate of iron.

Ergot is employed as a hæmostatic. Hypodermic injections of ergotine, in doses of one grain to one grain and a-half. Fluid extract may be used in doses varying from gtts. xx. to fl. ʒ i. p. r. n. If ergot given by the mouth does not produce vomiting, it is apparently of some service. ℞. Pulv. ergot exsicat., acid gallic, *aa* ʒ ss.; ext. gentian, q. s. M. Div. pil. No. x., one every four hours. *Quinia in very large doses.* Five-grain doses every hour until the pulse and temperature are brought down. One of the most powerful hæmostatics in the materia medica, is turpentine. It is an exceedingly beneficial remedy in the treatment of *all* internal hemorrhages.

It may be administered in ten-drop doses every two hours if necessary. In the treatment of hæmoptysis, this remedy is very conveniently administered by inhalation. It is volatile at a low temperature, and a copious vapor can be driven off in a very simple manner.

Take any convenient vessel, partly filled with hot water; float upon the surface of the water, or suspend over it, a shallow dish like a plate or saucer, upon which has been poured a small quantity (ʒ i.) of turpentine, and let the patient inhale the vapor as it arises. In this manner a gentle evaporation of the remedy can be produced which can be inhaled without inconvenience. When administered in this manner, it is especially applicable to those cases in which small hemorrhages occur, continuing for a number of days. The inhalation may be repeated three, four, or more times a day. Strangury is only rarely produced.

When the hemorrhage is profuse, the most certain remedy is to withdraw a given amount of blood from the general circulation. This can be done first by means of *dry cups.* Cover the chest anteriorily and posteriorly, and the thighs, if necessary, with the cups. If a still more powerful means is wished, resort to *ligation of the extremities.* Place a ligature around an arm, making it sufficiently tight to arrest the venous circulation, but permit the arterial circulation to go on. Do not retain the ligature longer than six or eight minutes upon any one limb, and when it is removed, lessen it gradually, thus gradually permitting the blood to again

enter the circulation. Two or three minutes before removing the first ligature, a second one may be applied to the opposite arm, and in this manner all the extremities may be subjected to ligation. The amount of blood that can be retained from the general circulation in this way is large. Hemorrhages may be instantly and repeatedly controlled by resorting to this measure. In quite a proportion of cases hemorrhage precedes the cough.

HECTIC FEVER AND NIGHT-SWEATS.

The fever is one of the principal symptoms which will engage the attention of the physician. Hectic and diarrhœa sometimes alternate. For the fever, administer quinia in doses sufficient to diminish the temperature and control the pulse. An average dose is grs. xx. a day.

In occasional cases the remedy produces no marked effect. Another method is to produce ringing in the ears with quinine, and continue the remedy just short of producing that effect. The fever is very commonly controlled by these methods.

For the sweats, it should first be decided whether anything is to be done for their arrest. The sympathetic action between the skin and mucous membrane of the lungs is to be taken into consideration. A sudden arrest of the *sweats* may do more harm than good. They are, however, sometimes so severe that they must be checked if possible. The following are among the means which may be resorted to for that purpose:

Sponging with *hot water* before the patient goes to bed.

Sufficient flannel clothing to furnish a change whenever the patient awakes and finds himself in one of these sweats. Change the clothes at once, when sweating occurs, immediately preceding the change by sponging with *hot water*.

Arouse the patient a short time before the time for the occurrence of the sweat, and have him bathe his hands and face, and take a light lunch.

A large dose of quinine before going to bed. In the experience of some, quinine hardly ever does any good in hectic or habitual sweats.

Aromatic sulphuric acid in gtts. xv. doses, and increased by gtts. v. until gtts. xl. or xlv. are taken at a dose. Its action is slow, but sometimes beneficial.

℞. Oxide of zinc.....grs. v.
Ext. hyoscyamus...grs. iij. M.
S. C. t. i. d.

Oxide of zinc pills, two grains each, t. i. d.

The zinc and its combination with hyoscyamus are regarded as excellent.

Fluid extract ergot in drachm doses at bedtime, is very beneficial in some cases. If retained by the stomach, it is quite apt to be of service.

Ergotine hypodermically; atropine in such doses as will produce some dilatation of the pupil. Doses one-sixtieth to one-hundredth of a grain. Give a single dose at bedtime.

Hydrate of chloral given in a twenty-grain dose about two hours before the hour for sweating arrives has been attended with success.

THE USE OF COD-LIVER OIL.

When the patient is losing flesh and strength, use the oil. That preparation of the oil which is the most agreeable to take, is to be preferred. Möller's cod-liver oil is regarded as a superior article. Give it in combination with an alkali. Lime-water answers a very good purpose as a vehicle.

Oil with phosphates answers well, and when the stomach is sensitive, hydrocyanic acid dilute with *m* ij. doses added, is very beneficial. Commence with drachm doses, and gradually increase to half-ounce doses t. i. d., which is regarded as a sufficient quantity. Give it just before or just after meals, according to the election of the patient.

When the oil "rises upon the stomach," if the patient will educate himself to catch his breath, open his mouth, permit the bubble to burst as it reaches the fauces, and then blow his breath out, he will avoid all the disagreeable taste attending the eructations. This simple piece of strategy has enabled many patients to continue the use of the oil, where, before being instructed relative to it, they had been entirely unable to take it.

Nutrition can be very much supported by *inunction* with cod-liver oil. When oily food is not readily assimilable, "pancreatic emulsion" is, in many cases, very serviceable.

THE USE OF OXYGEN.

This is of doubful efficacy as a permanent remedy. It may give some relief. It is not to be lost sight of, and is worthy of trial.

SWELLED FEET.

This symptom is regarded by the laity as one of the latest in the disease. Very great relief can be given to the patient by support-

ing the weakened vessels with a *flannel* bandage, smoothly applied.

FISTULA IN ANO.

This is a complication not very infrequently met with in cases of consumption. In case the nutrition of the patient is good, and the fistula is not extensive, an operation may be performed, but the question should be carefully considered. The liability is, that it will not heal.—*The Medical Record.*

BROMIDE OF AMMONIUM IN CATAMENIAL EXCESSES.

BY J. K. BLACK, M. D., NEWARK, O.

A favorite remedy for dysmenorrhea, by a revered teacher in the New York University, the late Professor Bedford, was spiritus mindereri. In many cases of that disease its efficacy is undoubted. I had been led to use it somewhat freely from his teaching, but now think, after many years' trial, that for certainty and efficacy in controlling some forms of uterine derangement, the bromide of ammonium far excels, and should supersede its use. The remedy under consideration having the same base, with the addition of bromine—an agent which has a well-established value in the treatment of some forms of sexual excitement—on theoretical grounds it ought to exhibit peculiar power in the management of some sexual disorders of the female.

It appears to me, that the sexual emotions and influence of the vaso-motor nerves on the functional derangements of the uterus have not received from the therapeutist the attention they deserve. The eccentric influence of the uterus in the production of various forms of sympathetic nervous derangements is well known; but the concentric influence of the emotions, and of associated excitements, upon the reproductive organs of the female, resulting in the production of various morbid conditions, has received only scant attention. In fact, aside from a bare enumerated statement in the etiological departments of some standard books, it is wholly ignored. The doctrine, in medical circles, seems to have a prevailing assent that the generative organs of the female may send numerous morbid impressions to almost every organ of the body, but seldom receive any great harm from these organs in return It is difficult to account for this, except on the theory of the uterus and appendages being regarded as a focus around which the whole

system of woman centres—a part of her which noticeably influences, but is little influenced by, other parts of the body. That the circulation and excretory functions of the female generative organs are mainly under the control of the sympathetic and vaso-motor nerves appears to me incontestable. No disturbance of function is more common than the menstrual during the progress of general or distantly localized diseases; and in certain erotic, emotional states, especially after entering the marital relation, is it altogether exceptional from some unusual aberration of the catamenial function, not to show itself.

In considering these facts, as well as many others which will readily occur to the reader, of a like import, it appears that the rational mode of controlling certain excesses of the catamenia should be by aiming to remove the conditions upon which these excesses depend. Sometimes this may be from a mere atony or relaxation of the vessels, sequels of inflammation or ulceration, or from an abnormal condition of the blood itself, but more frequently is a too frequent or an excessive flow of the menses due, especially in its inception, to a too great excitation of the vaso-motor nerves. Whenever this is the case, there is no remedy at all comparable with the bromide of ammonium in controlling the morbid condition. When, without any other obvious causes, the blood being properly organized, the uterine surface not in a state of chronic inflammation or ulceration, there is a too frequent or redundant flow of the menses, either fault will readily yield to the proper administration of this remedy. It appears to act by a direct influence upon the vaso-motor nerves of the generative system, whereby excitement and blood determination are lowered and lessened, and so tend at once to the establishment of the normal standard.

I have so often tested the efficacy of this preparation in non-structural catamenial excesses that I can speak with confidence of its remarkable powers. No more certainly do I anticipate the arrest of an attack of ague by the administration of quinine than do I anticipate the control of the forms of catamenial excess, to which I have referred, by the proper administration of the bromide of ammonium.

The other day I visited a young unmarried lady, who had, for years, been subject to protracted and excessive, though regular catamenial flows. Of late she had displayed serious indications of tubercular disease of the lungs, and in treating her for this my

attention was drawn to the old and exhausting monthly flows. I am not aware that this excess had ever been mentioned to a previous medical attendant, or that any attempt had ever been made to control it. As the flow usually lasted from a week to ten days, and was quite profuse, it appeared very desirable that its duration and amount should be curtailed, in order to preserve the system, under its new danger, against such a source of exhaustion. Accordingly she was put under the bromide, as follows:

℞ Bromid. ammon..... ʒ j.
Syr. Aurantii, Aqua, ää..... ʒ iij. M.

Sig. A teaspoonful before tea and at bed-time, commencing ten days before expected period and continue through it.

Under this treatment, her mother informed me that she had been a great deal better during the last two periods than had been the case for years.

In the administration of the remedy an essential rule is, that its use shall precede the expected period by at least ten days. Its administration only during the crisis will do very little, if any good. The sedative influence of the remedy must precede and accompany the stage of ovarian and uterine vascular engorgement, which itself proceeded the flow by several days.

Some writers have spoken quite favorably of the remedy in dysmenorrhea and menorrhagia, administered in the usual manner; that is, during the crisis only. Having been frequently called to see cases of these disorders during their progress, I have failed to observe any very satisfactory evidence of its controlling power while administered only during the emergency. But when administered according to the above directions, it has not only, almost without exception, lessened a regular monthly excess, but it has, in appropriate cases, in quite a number of instances which I can recall to memory, changed a two-week into a four-week crisis.

It is only necessary to say to the inexperienced practitioner, that any associated disorder, which has even a remote bearing upon the menstrual excess, should receive appropriate attention, else the controlling power of the bromide may be more or less uncertain or transitory in its beneficial effects.—*Cincinnati Lancet and Observer*, May, 1874.

NOTE ON THE TREATMENT OF CHRONIC CYSTITIS.

The following note of a case of chronic cystitis occurring in a female, may not be uninteresting:

Mrs. M——, aged about forty, a healthy-looking country woman, residing in a County Down, was admitted into the Belfast General Hospital, under my care, in February last, suffering from chronic cystitis. She is the mother of seven children, and attributed her present disease to exposure to cold after last confinement. There was constant desire to make water, and pain over the region of the bladder. The former much worse at night; indeed, she was up nearly every hour; at least, to urinate, and her health was beginning to suffer. Her urine was scanty, ammoniacal, contained a little mucus, and frequently when the last few drops were being voided, some blood appeared. No tenesmus; bowels regular; appetite pretty good; no thirst. My colleague, Dr. Murney, kindly sounded the bladder for stone; the result was negative. The usual routine treatment was tried in her case, such as uva ursi, pareira brava, buchu, etc. Iodoform vaginal suppositories gave temporary relief, as did also washing the bladder with tepid water and tincture of opium; after some time we tried dilute nitric acid and water, then a mixture containing copaiba; and, lastly, prussic acid—about eight drops to the ounce of water—was tried. These remedies all gave slight relief, but only temporary, and soon lost their effect. About this time, April, I saw a notice of a paper by Dr. Clemens, of Frankfort, on the Treatment of Chronic Diseases of the Bladder by the Injection of Tepid Normal Urinei and I determined to try this method (after taking my then house pupil, Mr. L., into confidence, and who supplied the necessary normal urine.) The urine was injected into the bladder—after being first washed out—night and morning a few minutes after being made, and whilst quite warm, with the most beneficial results—my patient being discharged, seemingly cured, in some three weeks. She was to return and report, but as she never did so, I take it for granted that she has remained well. No one in the ward knew of the treatment, otherwise they would have rebelled against it, especially my patient. Dr. Clemens offered the following remarks on the injection of the bladder with normal urine, and which may be interesting to reproduce. His paper first appeared in the *Deutche*

Klinick, No. 7. He says that: "About forty years since, in a very bad case of the disease of the bladder, in which this organ had been for months in contact only with decomposed and stinking urine, the idea occurred that advantage might accrue from introducing into the bladder urine with its normal proportion of uric acid. The experiment succeeded so well in this and some other cases that I became convinced that the urine in question formed a better material than the most esteemed injections. The bladder having been completely emptied by the catheter, from six to eight ounces of luke-warm distilled water was thrown in, and retained for about five minutes. After this had been removed, some tepid water is again slowly injected and retained for some minutes. A young and healthy individual now passes water into the syringe, which has been previously raised in warm water to a temperature of 25° R, and this is then immediately injected into the bladder, and left in for a longer or shorter time. The impression made by this normal blood-warm urine of a young and strong man, the temperature of which is generally higher than that which has issued from the diseased bladder—is sometimes in the highest degree favorable, so that in one case a single injection has been nearly curative." Whether this plan of treatment will prove successful in every case remains to be proved; however, it is useful in the one recorded. Probably chloral, or what has been called metachloral, might be tried instead, for, according to Dr. Dujardin-Baumetz, of Paris, chloral, possesses the property of preventing decomposition of the urine; and Dr. Bautetz thinks that in certain diseases of the bladder it may be usefully injected into the viscus. —*Cincinnati Medical News*, May, 1874.

POISONING BY STRYCHNINE TREATED BY CHLOROFORM.

BY G. W. COPELAND, M. D.

As the following case may be of some interest, I will submit it to the profession:

Mr. B., shop-keeper, a middle-aged man of temperate habits, while suffering from depression of spirits, obtained on September 1st, ten grains of strychnine, representing that he intended to poison a dog. He secured a room at a hotel, took a dose of laudanum as a preparatory step, and went to bed, intending to

swallow the drug as soon as the effects of the opiate were apparent. It appears he fell asleep, and did not awake till half-past four in the morning, when he took half the quantity previously mentioned. Some time after, he was seized with convulsions. The occupants of the adjoining rooms, awakened and alarmed by his screams, at length came to his relief. I was called and saw him at 6 A. M. I found him lying in bed; legs and arms extended, his hands firmly clenching the side of the mattrass; intellect clear. He confessed he had taken strychnine. The clothing by his request, had all been removed, as the slightest touch produced a spasm. I administered twenty grains of sulphate of zinc as soon as it could be obtained. This he swallowed with great difficulty, the contact of the solution with his mouth producing trismus and constriction of the throat. The paroxysms came on every three or four minutes. He was conscious of their approach, and entreated us to hold him, to raise him up, or lift him out of bed, till his body became fixed, his head drawn back and articulation impossible. In this condition of complete opisthotonos, he remained about a minute, his face livid, and death apparently inevitable. I now resorted to chloroform inhalations, with the happy result of preventing each paroxysm from lasting over a few seconds, or subduing it before the muscles of the back became rigid. So soon as he felt one coming on, I applied the vapor to his mouth; when the muscles were completely relaxed and the breathing natural, I removed it. The convulsions returned regularly till 2 P. M.; the intervals then grew longer till 5, when the paroxysms entirely subsided. For some time after he regained the use of his hands and arms, the legs could not be touched without producing a shock, as if the poles of a battery had been applied. In eleven hours, he had used over a pound of chloroform. During the night and next day, I found it necessary to relieve the bladder with the catheter. The following evening—thirty-six hours after I first saw him—he was taken home in his carriage, and a week subsequently he walked to my office, although still suffering from soreness and stiffness of the muscles.

In this case, the sulphate of zinc did not produce emesis, nor did I repeat the dose, feeling confident the drug must already have been absorbed. And here I would state that the treatment given in all the books, viz., "give emetics, and persist in their use till free emesis is produced," should at least be modified. If we do not see the patient till a quarter of an hour after the poison is taken, or if convulsions have set in, emesis will surely do much harm. In a

case I saw in Philadelphia in 1868, the patient was nauseated with doses of sulphate of zinc and ipecac. Each attempt at emesis produced the most alarming convulsions. With chloroform to ward off the convulsions till the poison is eliminated from the system, deaths from strychnine will be very rare.—*Medical Review*, February, 1874.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Erysipelas.

By S. P. Crawford, A.M. M. D., Stockton, California. I have seen but little said, of late years, in the journals, relating to the treatment of erysipelas, and do not know whether the profession have settled upon any general and satisfactory plan in the treatment of disease. In examining all the standard authorities at hand, I find almost an innumerable variety of remedies, both general and local, recommended, none of which I have used for the last fifteen years. I simply design, in this article, to record my testimony in favor of the virtues of a *single article*, and the only one I have relied upon internally and externally, for the last fifteen years, without the loss of a single case. It is the *tincture of the chloride of iron.*

Wood, in his *Practice* (edition of 1838), mentions the internal use of this article as having been introduced by C. Hamilton Bell, of Edinburgh, some twenty-five or thirty years ago, but says nothing about it as a local remedy.

I cannot now call to mind when or where it was that I first saw a notice of the use of the tincture of iron in the treatment of erysipelas. In 1856 it was a favorite remedy with me internally. The internal use of the iron, with local application of the nitrate of silver, constituted my method of treatment at that time.

In 1858, I had a severe case of erysipelas, covering the whole face and scalp, in which I abandoned the topical application of the nitrate of silver for that of iron, and with such favorable results that I have used no other remedy, internally or externally, from that time to the present. I first give a cathartic, most usually calomel, followed with castor oil or Epsom salts; then I administer from twenty to thirty drops of the tincture of iron in a wineglass of water every three or four hours. I most usually apply the

tincture in full strength to the inflamed surface; but, with children, or persons of delicate skin, I dilute it one-half. I apply it two or three times a day, with a brush or feather. It almost invariably relieves the itching and burning pain on first application.

In bilious patients, or miasmatic localities, I always combine quinine with the iron to be taken internally.

Lately, I have adopted the general and local use of the tr. of iron to be taken internally.

Lately, I have adopted the general and local use of the tr. of iron in the treatment of that species of erysipelatous inflammation produced from the poison oak (*Rhus Toxicodendron*), which is very common here, and with very satisfactory results.

Erysipelas being a *specific blood disease*, it requires but little modification of treatment in different localities. I find the same treatment here fully as fully as satisfactory with me as it was in the East.

With fevers, and many other diseases of this coast, the case is not so.—*Nashville Journal of Medicine and Surgery.*

Permanganate of Potassa in Oxaluria.

Dr. Thorne, of Chicago, praises in the *Mich. Univer. Med. Jour.*, the use of permanganate in oxaluria. He gives a case and adds:

When we consider the fact, that uric acid may disappear entirely from the urine, and that oxalic acid is not normally present, it is not fair to conclude that the uric acid must, in the normal condition of things, undergo decomposition in the body. We find that by adding an excess of permanganate of potassa to the uric acid out of the body, it is directly converted into urea and carbonic acid; and that when the oxidation is less complete, it passes into the form of urea, oxalic acid, and carbonic acid. If, therefore, we would prevent the formation of uric acid and oxalic acid we must supply, as per example, the seven equivalents of oxygen, and four of water. This is most conveniently done in the form of permanganate of potassa:

℞ Permanganate of Potassa..... grs. viij.
Water..... ℥ iij. M.

Sig.—One teaspoonful to be given three times a day.

It should not be given except on an empty stomach; for, in contact with organic matter, it is decomposed, yielding its oxygen to any element, simple or compound, that will receive it. I have repeatedly directed, during the last two years, the permanganate

to be given as above, in oxaluria, with the most happy result.—*Cincinnati Medical News*, May, 1874.

Phytolacca Decandra in Mastitis.

Dr. Curtis Smith, of Ohio, (*Detroit Review of Medicine*,) extols this agent in the treatment of Mastitis. One of his cases is thus stated:

After several days of fruitless efforts to abate the threatening suppurative process, I placed her on fifteen drop doses of a saturated tincture of the root of phytolacca decandra, every four hours, and then applied the same freely over the glands, all other treatment for this purpose being withdrawn. Contrary to my expectations, the inflammation began to abate in twenty-four hours, and in three days, the glands were soft throughout, and the lacteal secretion completely dried up.

Electricity for Chilblains.

An Italian physician claims great success in the treatment of chilblains with the electro-magnetic apparatus. A current of medium intensity is passed through the diseased part for fifteen minutes, with great relief to pain. One or two sittings will cure —so it is said. The same treatment has been successfully employed in neuralgia of the testis, in which the pain was so excruciating, that the patient begged to have the gland extirpated. A case also is reported of successful treatment by the same means, of an obstinate lumbago which had resisted every other plan.—*Pacific Medical and Surgical Journal.*

Cure for the Toothache.

Dr. Henry T. Reynolds, of Baltimore, writes to the editor of the *Medical News* that, for eighteen months he has been using acetate of lead as a remedy for toothache. He finds it better than any of the numerous remedies proposed in the books, and in cases in which it is applicable, the relief is instantaneous. He advises the sufferer to apply from one to three grains to the cavity for a moment or two, then spit it out. It fails in fewer cases than any remedy that Dr. Reynolds ever tried, not more than eight per cent. —*Cincinnati Medical News*, May, 1874.

Phytolacca Decandra.

C. H. Tidd, of Ohio, after reporting in the *Southern Medical Record*, (Feb. 1874), the histories of several cases treated with this drug, concludes with the following paragraph:

That this remedy is equal to potassii iodidum in all cases of adenitis, I do not claim, but that in *certain cases* it has proven itself vastly superior in my hands I well know; and as a remedy in muscular rheumatism, and in some cases of articular, it possesses advantages over many of the highly vaunted remedies of the day. — *Virginia Medical Monthly*, April, 1874.

How to Remove Adhesive Plaster.

The portion of the plaster which is left adhering to the skin may be quickly and completely removed by the use of turpentine and sweet oil. Use a little more than half turpentine. This compound, carefully rubbed over the parts with a bit of cloth or sponge, and then washed off with warm soapsuds, will leave the surface as clean as nature ever intended.— *Cincinnati Lancet and Observer*, May, 1874.

Ergotin Injections in Prolapsus Ani.

The eminent surgeon, Von Langenbeck of Berlin, announces that he has been treating prolapsus ani "with astonishing success" by hypodermic injections of a solution of ergotin (five to fifteen parts to one-hundred of distilled water). He replaces the bowel, and inserting the point of the syringe about three centimeters in depth in the cellular tissue, throws in from one to two grains of ergotin. This should be repeated every three or four days for three or four weeks, any hard fecal masses in the bowels being first removed by a simple injection. As a means of treating a most obstinate and troublesome complaint, this method, sanctioned by so eminent a name, deserves careful repetition.—*Med. and Surg. Reporter*, April, 1874.

Remedy for Toothache.

Having spent a number of years of my professional life in the country, where no dentist was near, and therefore being often called to prescribe for toothache, I tried many combinations of drugs, and many published formulæ, with more or less satisfaction to myself and patients. But several years since I hit upon the following combination, which I have found better than any I have ever used, and it will give relief in almost all cases where such a remedy is applicable:

℞ Carbolic acid, saturated solution; hydrate of chloral, saturated solution; camphorated tincture of opium; fluid extract

of aconite, of each an ounce; oil of peppermint ½ oz. M. Apply by saturating a pledget of cotton (or preferably a small piece of sponge), and pack closely into the cavity of the decayed tooth.—*Dental Cosmos*, April, 1874.

Spermatorrhœa.

℞ Ferri sulph.....
Acid, citric.....aa ʒ i.
Aquæ..... ℥ i.
Quiniæ sulph..... ʒ ss.
Acid, arseniosi, et.....
Strychniæ sulph.....aa gr. i.

M. S. Gtts. x., t. i. d.

The above prescription is regarded as more than ordinarily efficacious.—*Medical Record*, December, 1873.

Cancrum Oris Treated by Saturated Solution of Iodine

Dr. J. G Miller reports (*Kansas City Med. Jour.*, August, 1873), three cases of cancrum oris successfully treated by tonics and the local application of a saturated tincture of iodine prepared by putting as much iodine into the compound tincture as it would dissolve.—*Dental Cosmos*, April, 1874.

Sinapisms.

In making a mustard-plaster, use no water whatever, but mix mustard with the white of an egg, and the result will be a plaster which will "draw" perfectly, but will not produce a blister, no matter how long it is allowed to remain upon the part.—*Dental Cosmos*, April, 1874.

The Witch Hazel as a Hæmostatic.

Dr. Given (*Amer. Pract.*) strongly recommends the witch hazel in pulmonary hemorrhage. He gives the fluid extract in teaspoonful doses, every twenty minutes, until the hemorrhage ceases. He gives cases illustrating his views, and they are, so far as they go, satisfactory.—*Detroit Review of Med. and Pharmacy*, March, 1874.

Diseases of the Eye and Ear, By A. W. Calhoun, M. D.

January 14.—Case No. 18.—Caroline C.; æt. thirty-eight years. This woman is suffering from granular lids, which were treated by applications of—

℞ Argenti Nitratis.....grs. x.
Aquæ Puræ.....f. ʒ j.

to diseased parts with camel's hair brush, once daily.

January 17.—Case No. 19.—Williams W.; æt. sixty-nine years; white. This man came before the class suffering from same complaint as the preceding patient; the same treatment was ordered for this case as for the other.—*Atlanta Med. and Surg. Jour.*, March, 1874.

Obstinate Vomiting of Pregnancy, cured by Enemata of Bromide of Potassium.

Dr. Girabetti has successfully treated the obstinate vomitings of pregnancy by enemata of bromide of potassium given in increasing doses; commencing with 6 grammes (about 92 grains) the first day, 8 grammes the second, and ten grammes the third; after which the dose is lessened in proportion to the effect produced. In one case the vomitings were arrested by this treatment in three days.—*Amer. Jour. of Med. Sciences*, January, 1874.

Chancroids.

First, a free cauterization with nitrate of silver or nitric acid, and after the separation of the slough dress the ulcer with iodoform. The results attending this method of treatment are uniformly good.—*Medical Record*, December, 1873.

To Check Vomiting from Cough.

Consumptives and others suffering from paroxysms of cough frequently vomit their food in such paroxysms. Dr. Woilliéz recommends swabbing the pharynx before eating with a concentrated solution of bromide of potass.

℞ Pot. brom..... ʒ ij.
Aquæ destil..... ʒ iv.

Warning the patient not to cough for a few minutes after the application. The same treatment is recommended for the vomiting of pregnancy. And it is said to be very successful.—*Med. and Surgical Reporter*, April, 1874.

Treatment of Diphtheria.

In the American supplement to the *Obstetrical Journal of Great Britain*, for July, Dr. E. L. Duer of Philadelphia Hospital, strongly recommends the novel treatment with calomel and soda, one-eighth of a grain of former, and five grains of latter for child every two hours, connected with a general supportive and stimulating treatment at the same time. The reported success is decidedly encouraging, though the doctor admits that it is in opposition to accepted plans of treatment.—*Charleston Medical Journal and Review*, January, 1874.

The Abortive Treatment of Coryza, and Acute Inflammation of Frontal Sinuses, by Tinct. Iron.

Dr. J. S. Prout (*Medical Record*, Jan. 1, 1874) states that in the course of an hour or less he has been able to arrest the above disease by large doses—twenty to thirty minims—of tinct. iron. The treatment must be commenced soon after the cold is taken. The dose is repeated if necessary. This is just the same result that we have obtained from the use of quinine.—*The Detroit Review of Med. and Pharm.*

Pepsine in Oysters.

It appears, from some experiments made by Mr. E. H. Haskins (Boston Medical and Surgical Journal), that raw oysters contain pepsin enough to *digest themselves.* No wonder oysters agree with most dyspeptics.—*Detroit Review, Dec.*, '73.

Diabetes.

Dr. O. Shultzer claims great success in the treatment of diabetes under the free use of glycerine internally, with citric acid and abstinence from starchy food.—*Virginia Med. Monthly*, April, 1874.

Editorial.

Chicago Pharmacist vs. Iodo-Bromide of Calcium Comp.

About a year since, the Chicago *Pharmacist*, edited by Mr. Ebert, made a furious, uncalled-for, and libelous attack upon us and Bromo-Chloralum, and after a sharp correspondence, backed out.

He has lately gone into convulsions over what he assumes to be an analysis of the "Iodo-Bromide of Calcium Compound," published in an Austrian Journal. We fear his periodical convulsions will become chronic and seriously impair what intellect he has left, after so exhausting exercise of his fertile brain. Unfortunately the Austrian chemist, or journal that published the analysis, in the use of names, has managed to mix up the Bromo-Chloralum with the Iodo-Bromide of Calcium, and the astute editor has put the saddle on the wrong horse.

We hardly know which to admire most—his ardent desire to abuse something or somebody, or his ignorance and stupidity—for an analysis of the "analysis" would have shown the error. We trust he will continue his researches and enlighten the profession still further, because it is not only interesting but decidedly refreshing to see a person so completely outwit himself. His pedantic assumption of scientific knowledge will be

properly appreciated by the learned profession he aspires to teach.

We have no knowledge as to how any Iodo-Bromide of Calcium reached the Austrian Capital, if it ever did. T. & Co.

N. B. 100 grains Bromo-Chloralum 20° Baumé, Sp. gr. 1.160, contain

Solid Matter.....	34.60	grains.
Analysis accounts for.....	26.42	"
Deficiency.....	8.18	"

100 grains Iodo-Bromide of Calcium 35° Baumé, Sp. gr. 1.320, contain

Solid Matter.....	61.25	grains.
Analysis accounts for.....	26.42	"
Deficiency.....	34.83	"

—*Druggist*, June, 1874.

Elixir Iodo Bromide of Calcium Comp., in Scrofula and Derangements of the Liver and other Organs.

BY DANIEL BARRY, M. D., PURDY, TENN.

Although my experience with this remedy, as compared with other older remedies, may be regarded as limited, yet I can candidly say, I have never met with a remedy which has, in every respect, given me so great satisfaction; and having taken great pains to study its merits, felt it a duty to the profession, to give my experience and conclusions with regard to its general therapeutical value. It is undoubtedly one of the finest general alteratives that has ever been presented to the profession, and its utility does not appear to be confined to a particular class of diseases, but may be said to be varied and coextensive with the organism of the human system. This is pretty broad to take, but I am quite sure the experience of other physicians will bear me out in this assertion, if they will give it a patient and thorough trial,—for my experience is, that its use should be persevered in until its full alterative action is accomplished.

Added to its alterative properties, I have found it to be tonic, diuretic, and aperient. This latter property, I do not remember to have seen mentioned by other writers; but my experience has proven it to be decidedly so.

In *scrofulous* diseases, I have prescribed this remedy in a great variety of cases, always with the happiest result. One case particularly illustrates its value, which I will mention somewhat in detail. About two years ago I was consulted by Miss S.—, aged about 20 years, found the cervical glands enlarged and indurated. Scrofulous diathesis very marked. I put her upon the usual course of treatment, with iodine, iodide potassium, &c., &c., which I continued with occasional changes and modification until about one month ago. The treatment that I pursued kept the enlarged glands

about the same as when I first saw her—there was in spite of all my efforts, no diminution in size up to the time mentioned. The disease seemed at this period to acquire fresh vigor from some cause, and she grew rapidly worse. The enlargement of the cervical glands increased, the gland in the axilla took on the same condition. The spleen became very much enlarged and the liver torpid, the stomach presented the appearance of a hard ridge. The catamenia, which, up to this time, had been regular and normal in quantity, became irregular and scanty; all the symptoms indicated that the entire system was involved in the general scrofulous condition.

My attention had been called to the Elixir Iodo-Bromide of Calcium, Compound, and, as a *dernier resort*, I gave her all I had on hand, about four ounces, with directions to take one teaspoonful three times a day. Before the small quantity had been consumed there was marked improvement in all the symptoms; but, unfortunately, before I could procure more, she was entirely out, and nearly two weeks elapsed before I could obtain any, and then only a small quantity. During this time, being without it, her symptoms returned with increased violence, and on the renewal of the medicine, they again improved. I immediately ordered a full supply, but owing to the breach in railroad communication by high water, some three weeks elapsed before I received it. During this interval, her supply being exhausted, she grew rapidly worse, and, for the first time, was compelled to take to her bed, and was unable to walk across her room. As soon as the medicine reached me, I directed her to increase the dose to two teaspoonfuls three times a day. Improvement in all her symptoms was manifest and rapid as before when using it, and in a very short space of time, she walked to town a distance of a mile to see me, and over a very rough road. She still continues to improve, and I have no doubt of a permanent cure, which I shall with pleasure report, for this is a severe test case, and shows clearly the power of the remedy over scrofula by the alternating symptoms, when without it, and when under its influence.

A young gentleman residing in town, has been for some years subject to troublesome and severe attacks of derangement of the liver and kidneys, attended latterly with irritation of the mucous coats of the bladder and urethra, he had been in the habit of using Blue Mass and Calomel pretty regularly and freely for a long time, and had been using various diuretics. His occupation is sedentary and is disposed to constipation, with a capricious appetite.

About two months since, I prescribed the Elixir Iodo-Bromide Calcium Compound, for him in the almost Homœpathic dose of twenty-five drops, three times a day. Its action surprised me; he has improved rapidly in every respect, and at this time of my writing, we are of the belief it will permanently cure him of his old troubles, as he has no need of any of the medicines he has been in the habit of taking, and his constipation is greatly benefited.

Moscow, Tenn., April 25th, 1874.

Messrs. EDITORS:—

In the April number of the Journal of Materia Medica, I noticed an article on the treatment of Typhoid Fever. The Author in his closing remarks, requests all Medical Journals to copy, because he thinks that if his course of treatment be adopted the profession will be able to engage successfully with the disease. I am very favorably impressed with his treatment, and when an opportunity offers will give it a trial. Sixteen years ago I purchased a copy of "Thompson on Fever, Dysentery, &c.," by Resin Thompson, M. D., of Nashville, Tenn., in which the Author gives his views and treatment of Typhoid Fever, which are substantially the same as are given in the article above mentioned, and also claimed that his treatment would abort the disease, if taken in its forming stage. Since that time, I have treated many cases of Typhoid Fever, in some of which I adopted Thompson's treatment, and with good success, though I never succeeded in aborting the disease in a single instance. for the reason, perhaps, that the treatment was not commenced in time. In Thompson's treatment we have

℞ Syrup Rhubarb..... ℥ iv.
Tinct. Valerian..... ℥ ii.
Oil Sassafras..... gtts. xx.
Piperine..... grs. x.
Super-Carbonate Soda..... grs. xx.

Mix the last three, thoroughly, with the syrup, and add the Valerian.

Dose, for an adult, one table-spoonful every two hours, in twice its volume of water.

Bathe spine and bowels with

℞ Spts. Nitre Dulc..... ℥ iv.
Aqua Ammonia.....
Chloroform..... aa ℥ i.
Gum Camphor.....
Oil Sassafras.....
" Juniper..... aa ℥ ss. M.

As a substitute for the syrup mixture he gives

℞ Pulv. Rhubarb..... grs. xxx.
Piperine.....
Valerianate Zinc .....
Ext. Liquorice..... aa grs. x.
Oil Sassafras..... gtts. xx.

Mix, fiat pill no. 30. One pill instead of one table-spoonful of syrup mixture. Upon comparing the 1st, 2nd and 4th, formulas in the article, with 1st, 2nd and 3rd, as taken from Thompson, you will find a very little difference. In one liniment you find Oil Cedar, in one Syrup Mixture we have Fluid Extract Scutellaria, and in one lot of Pills Cimicifugin. Both Authors use poultices, sponging with warm alkaline water and opium. The Scutellaria, I presume, is added as a nervine and anti-spasmodic, which virtues the Valerian possesses. The Cimicifugin exercises about the same sedative influence over the nervous system, as the Valerianate Zinc.

J. S. HILL, M. D.

Elixir Iodo-Bromide of Calcium Compound.

BY M. L. BATES, M. D., CHATHAM VILLAGE, N. Y.

I have found this remedy very useful in many cases of that morbid state of the constitution called scrofulosis, having used it more or less during the last year, with astonishing results. And so markedly serviceable was it in many cases that I was induced to make further trial of it in quite a different order of diseases, with what results, I will detail at some future time. Its action is that of a general alterative and tonic.

Impure air, insufficient nourishment, habitation in a crowded or malarious locality will no doubt produce an unhealthy state of the constitution in the transmission of which from parent to offspring. All our authorities concur and admit the fact that a child is born to be more liable to wasting diseases, such as "Pulmonary Phthisis" and affections of the lymphatic system, consequently we seem constrained to believe we sometimes err in our treatment of diseases and in not associating a constitutional with direct treatment. For example, a child may fall and injure the hip joint, the injury though apparently trivial, develops morbid lesion, with extensive pain and attendant symptoms. The child before the injury was perhaps robust and healthy, but now emaciated and cachectic, presenting the appearance of a scrofulous subject, an example of coxalgia in a strumous subject; again we see violent peritonitis, for example, over the tibia, degenerating into necrosis, &c., we can in many cases trace the dire effects back to a cause latent in the constitution.

It is in this class of cases to which scrofula is really the active enemy. I regard the use of the Elixir Iodo-Bromide of Calcium Compound especially indicated. A thorough trial of it should be given in cutaneous affections.

"Elixir Iodo-Bromide of Calcium Comp.," in Scrofula.

BY I. P. HOYT, ELK CREEK, GRAYSON CO., VA.

I am now treating some five cases of a scrofulous diathesis, with the "Elixir Iodo-Bromide of Calcium Comp." One of them developed by large sores along the region of the spine; debilitating the boy to such an extent that (though nearly 5 years of age) he was never able to walk. He has been under treatment some four weeks; and is beginning to exhibit marked improvements in flesh and strength. Another, is a case of consumption, the friends of whom have long despaired of relieving. In fact, eminent physicians have diagnosed the case, and decided that

there was but a slight portion of the left lung remaining, with tubercles on the right; great debility and prostration. This case has been under treatment five weeks; the soreness has, in a great measure, left the lungs; the breathing much easier; the cold sweats much subsided; strength and appetite much improved. I will report other cases; and these two included, after further treatment.

I am much pleased with the "Iodo-Bromide," in fact, I do not know of any preparation so valuable as an absorbent, resolvent and stimulating tonic.

Copaiba Mixture.

BY JOHN MACK, M. D.

Having seen nothing in your very valuable monthly JOURNAL OF MATERIA MEDICA in regard to disguising the taste of balsam copaiba, I wish to recommend to your favorable notice, fluid extract liquorice, syrup, and essence wintergreen. This vehicle, in my experience, has been found to effectually disguise the disagreeable taste which so often renders balsam copaiba so hard for patients to take. The following is the formula which I am accustomed to use:

℞. Balsam Copaiba.....	1 oz.
Fl. Ext. Liquorice.....	½ oz.
Syrup.....	½ oz.
Essence Wintergreen.....	10 drops.

Bromo-Chloralum as a Lotion for Sore Throat.

BY W. H. TREMAIN, HEALTH OFFICER, HARTFORD, CONN.

DEAR SIR:—Iwish to know whether your Bromo-Chloralum is an internal remedy, and if so, *quo modo*. I used it without any definite knowledge in a case of variola, in which Labarrque's solution, and chlorate of potash failed to relieve the sore throat, and this did ; and since then I have seen your pamphlet with certificates, and have used it diluted some 12 to 16 parts of water, both as a lotion for the face, and as a gargle, and also as a deodorizer with most astonishing success. As a lotion, it excels anything I have ever used. As a disinfectant, it is king. Am I right in supposing it to be a solution of the bromide and chloride of aluminium? I have called the attention of other physicians here, to its charming effect as a lotion, and they join me in extolling its virtues. Please give me all the information you can, and I shall most cheerfully and conscientiously urge its use as an external remedy at least. From its effects, I judge it must be of value internally, and for which I inquire.

Yours respectfully,

W. H. TREMAINE.

Publications Received.

"The Treatment of Uterine Flexions." By Ely Van de Warker, M. D., Syracuse, N. Y.

"Urethrotomy, External and Internal combined, in cases of Multiple and Difficult Strictures, with Remarks on the Urethral Calibre." By Fessenden N. Otis, M. D.

"Transactions of the Fourth Annual Session of the Medical Society of Virginia;" containing a valuable article, entitled: "Some Neglected Points in the Pathology of Typhoid Fever, as furnishing the Proper Indications of Treatment. By Samuel K. Jackson, M. D., Norfolk.

A Good Chance for a Good Physician.

I wish to dispose of my house and two lots in the village of Crown City, Ohio, with a good village and country practice. Said lots are conveniently and pleasantly located on the Ohio river, and have a house, office, barn and other improvements. For particulars and reasons for wishing to sell, address E. G. ALCORN, M. D.,
Crown City, Gallia County, Ohio.

TO PHYSICIANS.

I will sell a desirable property and lucrative practice to any competent physician, whom I can recommend to my patrons. No Physician within 6 miles. For further particulars, address
A. B. BURGER, M. D., Gansevoort, Saratoga Co., N. Y.

☞ Notice. ☜

In consequence of the premature publication in May JOURNAL of Dr. Hawkins' esteemed article in reference to the "Physician's Diary," an active demand has arisen for it, and we are receiving daily letters with remittances for same. It is proper to state that the entire edition for 1874 has already been disposed of, and the year is now too far advanced to warrant re-publication. We shall take care that the issue for the ensuing year shall be large enough to meet all demands,—and we desire here to express to our patrons our acknowledgement of their appreciation of its merits. TILDEN & CO.

New Lebanon, N. Y., June 5th, 1874.

☞Correspondents will oblige us by writing plainly their *names, Town, County and State.* We are frequently unable to answer letters because these are omitted.

THE

Journal of Materia Medica

DEVOTED TO

Materia Medica, Pharmacy and Chemistry.

Vol. 13.] JULY, 1874. [No. 7.

Communications.

CONDITIONS OF THE CONFLICT. (CONTINUED).

BY ALEXANDER HUTCHINS, M. D.

But who is this man that is called "Doctor"; this Doctor Medicinæ; a man learned in medicine? He it is who, by virtue of his training in the structure and functions of the human body, by his entering into possession of the entire inheritance amassed by the learning and industry of his fathers, by his movement abreast with the intelligence and discoveries of his kindred workers, by his broad sympathy with all investigations, by his catholicity in the acceptance of all that has been proved of value, by his liberality towards all unsettled problems, by his alertness in application, and by the unstinted devotion of his entire strength, in bringing the experience of the past and the wisdom of his cotemporaries, through the alembic of his own personal ingenuity, to the relief of physical ills, sets forth himself, by right of history, by right of lineage, by right of brotherhood, confessedly, the Healer. Dealing with vital processes, tenuous, mysterious, and eluding all grasp, the unfamiliar is ever at his side. His steadiest laws forever rocking in the undercurrents, re-adjustment is the order of his life. The father-confessor to manifold experiences coming up through all grades of distorting media, the quality of

his mind is exercised less against sincerity, than against misapprehension and misinterpretation of facts; so accustomed, by necessity, to weigh doubts and correct error, that partisanship is difficult for him, but the scales of justice rest easily on his hand. His self-reliance is such as belongs to none other. Alone in emergencies that stifle the voice and blanch the cheek of ministering attendants, his unfaltering promptness brings back promise, or 'tis his to forecast and announce the inevitable. A bravery is his such as belongs to none other. He does not avoid the assumption of service, which, as sure as the day comes, will be fraught with mortification and suspicion, because it is his mission and his duty. His daily appointed work and obligations are among those not of his own seeking, yet so manifold his tact that among all he is able to appease the common need. His versatility, trained to extremes, is his universal passport. From the solution of psychological problems which some refined melancholy has thrust upon his decision, problems which exhaust and defy the dialectics of the schools, but which he must answer *ex cathedra*, the next moment he is ministering to some floundering, unkempt offspring of ignorance and crime, whom a kindly word has scared into staring silence. His charities are written all over each day of a busy life, never to be collated among his memoirs. Called to do impossible things, he does them without hesitation. The intimate familiarity with which he is brought in contact with every grade of social position and social degradation, begets for him an amount and variety of criticism, in spite of which he lives and prospers, and never altogether outlives; and this, taken all in all, is the most wonderful and convincing testimony that could possibly be adduced to the multifarious gifts developed in him by the necessities of his calling.

But is this the man that winds his ceaseless way over mountains and through morass to and from the scattered hamlets of the poor? Is it the same man that daintily presses the velvety softness and breathes the perfumed stillness whence Dives struggles into Paradise or Hades? Is the unknown toiler on this highway included in the definition of him who stands, unabashed, to be acknowledged the Master in the innermost penetralia of regal pride and the haughtiness of wealth? Question it, ye who will. Not one hair's breadth can you vary the kind, though there be

variation in degree. Dissociate the surroundings and change their places, and the specific duties would be as well performed in the one case as in the other. Deriving their acquisitions from one common storehouse, working to the same ends on similar material, with resources common to all, the equality is identical.

What creates the necessity for this man? The physical integrity of the race is no symbol of the usefulness of the epoch. The ruddy enormities that swept through the Middle Ages, with their coats of mail, were as distant from the triumphs of this sallow faced civilization as was the Philistine warrior from the Heaven directed shepherd boy who slew him. What abysses separate the sinewy savage, with his feathers and the baubles in his girdle, from the pale-face of flaccid delicacy whose fancies rock the world into delirium!

"For I count the gray barbarian lower than the Christian child."

How far removed from the enterprise that has built up commerce is the oily African that burrows in the sand-hills, and for colored prints and beads barters the treasures of the jungle! Save under exceptional conditions, the desertion of "the simple tents and Nomad ways" for what we understand by civilization, is at the expense of physical force. But there is no room for choice. Civilization is a force that attracts. The competition it invites is a competition that has no goal, and cannot cease. *That it can be guided* is the salvation of the competitors.

The physician's function is that of the skilled adviser through this conflict. He is to so advise as to lessen the friction. He is to prolong life so that projected schemes may be furthered. He is to avert calamity by regulating opposing forces. He is to restore the fallen by the wayside, that they may pursue their journey. He is to repair the consequences of excess. The demands upon him increase directly with the achievements of the material and the polished arts. Civilization, with every stride of its own, pushes him on as a make-shift in an emergency, or rather she keeps her city of refuge close, and this city must be strengthened as her foes become more powerful. Men cry for the preservation of the life that has been made useful to them. The multiplying causes of disease that prostrate one and another must be known; the pestilence that unnerves the strength of universal

labor must be resisted and driven back. This rampant civilization that is accomplishing so much, and is attempting so much more, has within itself the elements of its own destruction. The excess, the crowding and the overstrain would, if unchecked, result in their own paralysis. Men do not see this, and with difficulty can be made to believe it. Blot out the medical skill that each day is unobtrusively doing its legitimate work, and ere long the fiery energy which is asserting itself in myriad directions would collapse, and Macaulay's New Zealander would gaze from London Bridge on the ruins of an earthquake.

The shifting and multiplying demands developed by the unequal play of the forces that make up the current civilization, creates in this man an accumulation of resources that shall adequately meet the demands. He does not anticipate evils so much as he originates and adapts means to correct evils. He is essentially a reconstructor, and though it is part of his growth to improve upon the old methods, yet it is pre-eminently his function to follow up along the line of change, and by new devices to meet the new requirements. If it be true that this man owes his existence to certain needs that inhere essentially in the common nature of the race, needs which are the product of the wasting friction which is forever hastening to decay, (it being his special function to moderate this friction, and thus prevent this hastening,) and if it be true that this development, which we call civilization, is a two-forced energy, to ripen and destroy, that every epoch of this development is an unfolding of new necessities, in whose immediate wake this man must ever be found, alive to their faintest call, then it follows, beyond peradventure of cavil, that the reservoir whence issue his resources, is the storage reservoir of the latest refinements of human culture. To him are all the elements of human thought tributary, whether beggared by poverty, prolific by affluence, made critical by the law, penetrating by science, broadened by statesmanship, profound by the pulpit, whether clothed in purple, in ermine, or in rags.

It were a calling of no considerable importance if this profession of medicine operated by fixed rules on abnormal and diseased conditions of the human body in communities where the uniformity of social condition suffers little change, and where steadiness of labor and similarity of taste permit only the most

casual variations from unruffled calmness as the years pass by. Even here the laws of decay, by the economy of things, hold good, and human hope and passion, worldly ambition and the chances of success are subject to them, so that it is difficult to depreciate or modify the importance of that profession whose business it is to hold the subjects of these laws in check, and to save them from the consequences of their infraction, even where the field of operations is remote from the great energies of life and among communities which seem to play so important a part in the universal drama. On the contrary, it is impossible to over-estimate its importance, if one is willing to concede the Universal Maker of all men, and the over-ruling Providence that guides them by ways of which they are ignorant, and that therefore there must be a purpose to their being; for if there be a purpose to all being, it should be protected, and not allowed, through ignorance of the physical laws which govern it, to violate or corrupt its integrity. Human life is sacred, and no man shall be permitted to say of another that he is useless; and no man shall calculate and compare and discriminate when the ship founders and the life-boats are launched.

But we are justified, nay, we are compelled to make different estimate of this profession in its enlarged operations on the varying planes where the industries and activities of the race are multiplying material progress and revolutionizing thought. Concede the importance of results which have been wrought out by the wonderful resources of man's indefatigable energy; which invention, discovery, all forms of culture and all efforts of hard-handed industry have accomplished; concede that man's cravings are unappeasable, that the gratification of old desires is the germinal stem for the outgrowth of new wants more exacting and more difficult to satisfy; concede these, and the possessors of the higher and later civilization are a different factor, of higher importance and more varied needs. So likewise the profession that preserves the factors of this civilization is a more exalted body of learning, ministering to more important needs, fitting into higher stations, with responsibilities increasing in weight and subtlety, *pari passu*, with the ripening age. Caring for the individual, 'tis true, but as a body speaking with authority, exercising a protectorate over the public weal. Awaiting its

decisions are all those problems touching the conditions under which the health of large communities can be preserved. Its accumulated experience among individuals is generalized into instructions concerning the influences of industries on the operatives, to prevent the greed of capital from undermining the strength of the employed. It organizes and carries on institutions which shall relieve society from its useless and demoralizing burdens. Towards these higher ranges of thought and effort is the legitimate tendency of the profession, both by reason of its being the logical sequence of the needs that called it into existence, as well as be its possessing the only culture available for this end.

(CONTINUED IN AUGUST NUMBER.)

DIAGNOSTIC AND OPERATIVE MEDICINE.

Read before the Syracuse (N. Y.) Medical Association. By EDWARD B. STEVENS, M. D., Professor of Materia Medica in the Syracuse University.

For my present purpose I use the word *medicine* in its more general sense—embracing all we are required to consider or study in the entire field of professional work, all its departments and wants.

In like manner I shall speak of *operative* medicine, in this connection, in a similar general sense; as suggestive of all such procedures as are necessary, from time to time, to meet whatever indication accident or disease may create. So then it very naturally follows, that in the control of pathological conditions, we may have many *operative procedures* made necessary, which are not by any means surgical in their character.

Between diagnosis and therapeusis, there is a closer relationship than is always recognized, though there is a general acquiescence in the proposition that the accuracy of the latter is dependent upon clearness of the former. The purpose, however, of this paper is more especially to call attention to the fact, that we are tempted to overlook or neglect diagnosis in all such cases as seem to lie outside of our capacity, or our taste, or our appliances, for operative procedures. That is to say—or express in a different manner—in all forms of disease, medical or surgical, where from taste or otherwise we feel a disinclination to assume *therapeutic* charge, we are also prone to omit the diagnostic examination and logic.

This matter comes home to us alike as practitioners and students; more particularly or noteworthy perhaps as students. We enter the lecture-room, and the teacher presents to us some rare disease, or injury, or condition, of which, as we feel a strong assurance, we shall never be willing to assume the personal charge. The strong tendency is to so far ignore the whole subject, that we decline to study any of its features, conditions, or demands.

In the course of our reading we find serious accidents, diseases, or conditions, that suppose or suggest special experience, skill, or devotion to some specialty, to meet the emergency.

In each of these professional demands, while we accept the necessity for especial training and experience, we are also tempted to shift and shirk our own personal responsibility in those points that more especially embrace the first careful study—the *diagnosis* of the particular case before us—forgetful, too often, of the importance of accurately determining the nature of the case, *independent* of determining the demand for the appropriate operative procedure.

Now, this distinction is just alike important for the student first, and the general practitioner always. We pass into the lecture-room or the amphitheatre, and we have presented to us cases of acute rheumatism, or dysentery, or continued fever, or simple fractures, or dislocations. At once, our attention is arrested, and all that can be said in regard to the character and management of these cases commands our earnest attention. These are matters we expect to meet from day to day, and we must be prepared to appreciate their features, and enter upon their treatment, their operative requirements. Now, exactly what I desire to urge just here is, that the diagnosis of incurable diseases, the diagnosis of conditions unusual, the diagnosis of conditions the operation for which we may not be willing to assume, are all just as important to us, and to diseased humanity, as those simple routine matters for which all of us, as to therapeutics, propose to hold ourselves in readiness.

I think illustrations of such a proposition will readily occur to most of us. I only propose to enforce this thought with a few examples that will doubtless correspond with the experience of almost every thoughtful observer. . . . .

Standing once in a lecture-room, where the anatomy and surgery of stone in the bladder was being demonstrated, I heard a student with very good standing in the class remark, "This matter is all very brilliant and attractive probably, but it has no charm for me.

I have no nerve for surgery. I certainly should never operate in such case—hence what the good to me to make it a study?" Now to just such a practitioner as this will be, suppose there presents a patient: He has uneasy sensations in the region of the bladder, frequent desire to micturate, with pain perhaps; perhaps some alteration in the character or quantity of urine or both. Now will he shut his eyes to the strong indications of such symptoms, refer them to some indefinite conditions of congestion of the kidneys or irritable state of the bladder, and then proceed to a course of drugs? Or, with better notions, will he proceed to the physical exploration of the case, and thus render himself perfectly certain whether or not there may be some foreign body, some calculus in the bladder, giving origin to this group of troubles.

It would not, indeed, be difficult to explain the several symptoms of the case by some other pathological state; but the careful physician wants to be perfectly sure that his diagnosis is correct, or approximates exactness so nearly as possible. When, however, he has introduced *the sound* and caught the peculiar click of the offending stone in the bladder, the time has then very properly come, but not before, to determine in his judgment whether he is ready to enter upon the distinct and indicated operative procedures Or, in the absence of this evidence, he may, with a better assurance, enter upon medicinal interference. At any rate, if at any time there be presented, in such a case, the necessity for a delicate surgical operation, which his eye, or his hand, or his nerve refuses, he is still prepared to give the correct advice, both as to procedure and operator.

Or, again, suppose a student listens to a lecture on cancer. He is especially impressed with the truth that cancer is of so implacable, so malignant a character, that remedies for the systemic condition, or operations for the local condition, are either without value, or at least only temporizing. So he concludes that malignant diseases are not subject to any reasonable control or satisfactory therapeutics; and therefore adopts the more easy solution of rejection.

But every now and then we are called to determine *whether* a tumor on the arm, or the face, or the mammary gland is simple or malignant. Our decision, perhaps correct, perhaps incorrect, dooms the patient to a serious future; or otherwise we may be able, by an intelligent examination of the case, clearly to say it is

benignant—simple and safe procedures will completely eradicate the whole trouble. And yet, no matter how discouraging the aspect of true cancer may be, we want to know its true diagnostic conditions, so that in any event—the event of a favorable group of states—we may be ready positively to determine the certainty of a more simple disorder, and with a positive opinion dictate the therapeutic procedure.

A woman comes to us with an offensive leucorrhœa; the speculum reveals an abraded os, thickened edges, erosive processes. Now is this an aggravated ulceration of the os uteri, or is it an epithelioma? And even if a malignant disease of the milder grade, and subject to treatment, how shall we differentiate? If we have deliberately refused to study malignant disease, because so uniformly, or generally, fatal in its tendency, where shall we begin the study of individual cases. So here again we have suggested to us the close relationship between the important diagnosis of the curable and the incurable.

In general gynæcological practice we have like suggestions continually afforded. Take the study of ovarian or abdominal tumors. Suppose a woman presents herself to you, as a patient, with an enlarged abdomen. What is it? Is this a case of pregnancy? Is it a fibroid tumor springing from the uterus or ovary? Is it cystic in its character as a tumor, involving the vessels of Graef? Is it a hytadid mass?

Now the solution of the various questions involved or liable to be present in such a case, may or may not imply operative procedures. *Or if procedures*, these may be very responsible, or very simple; but still, in any event, the intelligent physician expects to be able to announce at once, and positively, both the nature of the case and the proper therapeutics, whether the operations are surgical or medicinal. It will not satisfy either himself, or the patient, that the management of uterine and ovarian tumors are so obscure and unsatisfactory that "I relinquish them to the specialist." Each of us must, or should at any rate, or at the least, be prepared to announce the diagnosis of the case, and then operative therapeutics may become safely and correctly enough a subject of mature consideration.

So too, specially take the study of those cases, now become by reflection so creditable to the professional name of our own State (New York), through the genius and skill of Professor White, of Buffalo. I mean, of course, those sad cases of chronic inversion

of the uterus—in the past such a reproach to us as to therapeutics and diagnosis. In a recent paper read to the New York State Medical Society (February, 1874), Professor White detailed the history of one of these cases where inversion had existed for about *twenty-two years*, and all the while *undiscovered.* Was not some clever, worthy brother of our craft, in all these years, *culpably responsible* for the distress, the hemorrhage, the exhaustion that this poor woman experienced? At length some brother (was he more thoughtful, or was he more mature and ripe in his diagnosis?) decided from his physical explorations that this woman had an inverted uterus, rather than a fibroid tumor, or a polypoid tumor, or any other of the various possibilities or probabilities that had in these tedious years been variously suggested.

Why did this man determine that it was not a polypous or a fibroid growth, or a malignant excrescence, that he had to pronounce for; or finally, in his process of differentiation, why, after these long years, why did this intelligent practitioner decide that he had positively and purely an inverted uterus. He had first the history; he had a peculiar shaped tumor; on careful manipulation with his finger, the probe, and the sound, *he failed to find an os, i. e.*, he had a simple, uniform tumor. He passed a sound into the female bladder, and his finger into the rectum, and failed to find *any body intervening*, so he had the chain of diagnostic evidence comparatively complete. The uterine body was wanting, because it was thrown outside and inverted. There was no os presenting; therefore, reasonably, no fibroid or polypus. And yet for more than twoscore years, this uterus had lain undiscovered between the labia.

With this exploration, our careful diagnostic observer is ready to announce a positive opinion, both as to the nature of the case and its demands. He was not ready to assume its requisite operative procedure; but he had cried *Eureka.* The fulfillment of the demand for operative medicine simply adds another laurel to the brow of our State pride, and gives another trophy to the eminent achievements of Professor Jas. P. White, in his obstetric career.

If I have not demonstrated my chief proposition, it is scarcely necessary to multiply illustrations. I think, however, that in making one part of the matter comparatively clear—that is, the necessity of diagnostic study and capacity, irrespective of the

logical operative proceeding—it also becomes somewhat transparent, that almost in the steady ratio of capacity for diagnostic medicine, there is assured to the practitioner corresponding capacity for the performance of the necessary operative procedures.—*Cincinnati Lancet and Observer*, May, 1874.

LETTER FROM DR. W. H. H. RICHARDSON.

WINONA, MINN., April 6, 1874.

MESSRS. TILDEN & Co.

Through the courtesy of your Agent Mr. Pett, I have been supplied with several of your new remedies, and having heretofore publicly endorsed the value of the *Bromo-Chloralum* as a *disinfectant* in a very large *circle* of *septic tendencies* and morbid conditions, as well as for its *hygienic utility*, I will in this note refer to my experience with the "Iodo-Bromide of Calcium Compound," in the form of the Elixir for internal use.

The following are some of the conditions of ill health in which I have been succeseful in its use:—

1. To give tone and *contractility* to the *moving fibre* when contractility and tonicity are deficient or perverted.

2. To improve the conditions where the symptoms indicate disease of the *vesicular nerve tissue* or *gray matter* as it has been termed.

3. To give increased *force and efficiency to secreting structure* in conditions where greater eliminating power seems to be required by exertion, as in all diseases dependent upon inefficiency of the lymphatic glandular system.

4. To add to those elementary components of the blood which are not sufficiently furnished by the elementaty charges wrought in the the blood by *respiration, by secretion*, and by *nutrition*, and to prevent the deposition of heterologous deposits and to aid in the elimination of foreign matter.

In short this remedy seems to be readily absorbed by the veins of the stomach, and to be carried directly into the circulation, and from the variety and nature of its component elements, to be influential in cell tissue formation, to have the power to remove disease in a great degree in its incipiency, or to be adapted to the removal of the causes of disease, that is, to correct the first abbera-

tions from the physiological state, or state of health; and as in pathology we have various phenomena designated in nosology by appropriate names according to the origin, *nature* and cause of the manifestation arising from the one cause, so we may have in one medicine, having the power of acting on disease in its incipiency a remedy for the developement of these pathological phenomena however various, provided always, that we should claim a no more extended range of diseases to be cured by one medicine, than the number of diseases that may arise from one cause. I do not wish to be understood in any way as advocating the theory of the unity of disease, and hence to seek for a universal catholicon, but to recognize in therapeutics the same principles legitimately deduced from facts, that we recognize in pathology from our knowledge of physiology, chemistry and all the collateral sciences that contribute to the establishment of those principles.

To illustrate; I will mention that in twenty-five years experience in the use of the Hypophosphites in certain diseases of the nerve centres, and in the retarded ossification of children disposed to chronic Hydrocephalus, I have that class of remedies furnishing by its easy assimilation phosphorus for the nerve tissues, and lime for the osseous, to the great delight of the patient, friends and physician. My experience in the use of "Iodo" Compound is limited to a much shorter time, as compounded in your elixir especially, but the ingredients that are said to enter into its composition are not new to the physician, if they are what they are published to be, and I am satisfied that they are essentially, although the proportions have not as yet been given to the profession and public, but the well known qualities of the Bromine, Chlorine and Iodine, no less than Sodium and Potassium are elements of great alterative and conservative power, and being as I believe skillfully combined, are doing much good in the removal of disease when judiciously used. And here let me say a few words as to the advantage to be derived from the associations of remedies for administration over their separate or single use.

C. G. Brown-Sequard (whose name I mention with great respect) was the first to fully convince me of the great advantage to be derived from the association of remedies. An epilepsy had afflicted a lady of high culture until the mind was nearly wrecked, although she had taken Bromide of Potassium and Bromide of Amonium, even to the degree of full bromism separately without benefit,

when the prescription being changed and the remedies combined, a complete cure was affected, she took larger doses of each medicine in the compound without producing the bromism or any ill effect, than she could take of the proportioned quantity taking only one.

The patient took eighty grains of bromide of potassium daily, with forty grains of bromide of amonium, with five grains of iodide potassium with a few grains of bicarb. of soda, given in tincture of columbo for some eight months without any ill effect; no seizure having been experienced during the time of her taking the remedy.

In neuralgia we may combine in the same pill an ordinary dose

Extract	Belladonna	Grains	$\frac{1}{6}$
"	Stramonium	"	$\frac{1}{5}$
"	Cannabis Indica	"	$\frac{1}{4}$
"	Aconite	"	$\frac{1}{3}$
"	Opium	"	$\frac{1}{2}$
"	Hyoscyamus	"	$\frac{2}{3}$
"	Conium	"	1

without producing any great disturbance, even if given 4 or 5 times a day, showing that their bad effects are neutralized by association, while the good remain unimpaired. Even in Dover's powder we get a better effect from association of its constituent elements in fine powder than if given separately.

I refer to this high authority for association of remedies, some of whose qualities are antagonistic; thus attention may be directed to this subject against which objections are sometimes urged, and that the number of medicines or elements entering into a compound may not always be without advantage although large.

As in case of hypophosphites which were as first claimed to cure consumption, but are now mostly discarded by the profession in the treatment of that disease, so may we find in the Elixir of the Iodo Comp., new evidence of its true remedial virtue as we observe the effects of its use. I have tried it with satisfaction in *chronic cerebro-spinal meningitis*, in the slower forms of *schirrous carcinoma*, in scrofula and in a large number of cases of nervous prostration and partial paralysis.

A case of schirrus of the neck of the uterus, involving the vagina and external orifice of the urethra, which I have had charge of for 5 or 6 years, has apparently yielded to the free use of your *Elixir* for the last twelve months.

I have made use also to a limited degree of the solution of the Iodo-Bromide Calcium Compound, both externally and internally, but have little choice whether I use the Elixir or the Solution diluted.

The external use of this remedy diluted with alcohol or water is useful as a counter-irritant, and as a local alterative stimulant.

Its internal use is indicated in all those diseases where an alterative eliminative and resolvent action is required; mildly laxative non-stimulating and indirectly tonic. The system is steadily improved by its use, especially in connection with the judicious use of other remedies, when there well known qualities indicate their use.

I have no desire to puff this or any other medicine into notice independent of its real virtue, but truly I will say that it supplies the place of an alterative heretofore much needed, and that it deserves to take its place among the important therapeutic remedies known to the profession.

Respectfully yours,
W. H. H. RICHARDSON.

THE CEREBRAL POWER IN MAN.

The last Toner Lecture was delivered by Dr. Brown-Sequard, at Washington, April 22.

He commenced by saying that his views, he hoped, being somewhat novel, would command attention. The facts he would dwell upon were new, probably would not be generally accepted, and perhaps would not be easily understood by those not familiar with medicine.

Have we two brains? and, if so, why not educate both? The views of science upon this subject were different from his. The left side of the body was the side affording volition to the brain, and *vice versa*, the right side of the brain afforded volition to the body. Eminent authorities had declared that either side of the brain was competent for this purpose.

But we use only one side, and, therefore, leave out of account one-half of brain matter. We owe due education to both sides of the brain, or, rather, to the two brains.

As to intelligence, the eminent authorities he had cited es-

tablished the fact that either side of the brain was competent for full development of the faculties. There were many persons of two minds, because they were never able to make up their minds. Some men claimed to be rational while they were insane. There were many cases that show clearly that there were two brains. He had known a boy in London that manifestly had two brains, whose peculiarities he described. He would fall into a comatose state, and suddenly open his eyes brightly, enquiring of his mother why he was not introduced to the gentleman who was present while he was asleep. Again, the lecturer saw him when the boy recognized him. He had two mental lives. He knew nothing of what occurred in his sleeping condition, when fully awake; and when in the latter condition he knew what had occurred when in the former. The lecturer had seen three cases of this kind.

As regards faculty of speech, the fact that we had two brains was not so easily proved. The loss of the faculty of expression depends upon the disease of the left side of the brain; and this proves that the right side is distinct.

As regards sight, a theory has been put forth by a celebrated physician of London, that the right side of the base of the brain is the centre of sight. The inner half of the right eye and the outer half of the left eye have the base of the brain as the centre. A disease in the left side of the brain, where the optic nerve touches, would therefore affect only one-half of the brain. Notable cases were given in which parties had seen but one-half of certain objects that they gazed upon. If the disease exists only in the left side of the base of the brain, only one-half of the eye will be affected. So there are many cases that go to sustain the philosophers. But we do not accept conclusions unless theory is thoroughly supported.

There were three series of facts, but one would be enough to to show that the theory should be rejected. Disease of the brain, where the optic nerve touches, would not be sufficient to cause loss of sight. One side of the brain would be sufficient to sustain sight. An alteration in any portion of the nervous system, acting upon other parts, can produce disease in that part. Injury to the spinal cord would produce loss of sight on either side. There was nothing more common than the loss of sight temporarily in children who suffered from worms in the stomach. An injury in one-half of the brain can exist without producing loss of sight. Either half of the brain may, therefore, serve to sustain sight.

As to the voluntary movements, these depended upon the action of the body. Yet there were many small muscles which were not affected in cases of paralysis. There were cases on record in which it was shown that the lower lobe of the brain could be destroyed without affecting these voluntary movements. There were several such cases. We must, therefore, look on one-half of the brain as being sufficient to sustain voluntary movements on both sides of the body. An irritation in any part of the brain may affect any part of the body, and an irritation in any part of the body can produce paralysis in another part. The irritation could also act upon remote parts. This shows that the power of will does not control the entire action of the body. When paralysis occurs it depends upon irritation.

The same reasoning applies to sensation. There were thousands of cases affecting the brain that did not affect the feeling. Passing these facts in review we find vast differences owing to the fact that one-half of the brain was developed for certain things and the other half for other things. To the left side of the brain belonged the faculty of expressing ourselves by speech. Articulation depended in great measure upon the left side of the brain. Difficulties in the mechanical point of speech were more frequently found when the left side of the brain was diseased. It was the mental part that was lost, and not the mere mechanical action. The left side of the brain was also the motive power of gesture. When the left side was diseased, patients lost the power of gesticulation.

As regards writing, it was lost more frequently in diseases of the left side of the brain. The right arm was paralyzed by diseases of this side. Many thus diseased could not write from memory, although they could use their fingers and copy. In those cases it sometimes occurs that persons could not write at all.

Intelligence depends more upon the healthfulness of the left side than of the right side of the brain. The right side of the brain in some cases has the power of the left, if properly developed. This serves to hysterical developments and to nutrition of the body. One, the left, applies to mental; the other in the natural life.

The right side of the brain operates upon the limbs in cases of paralysis and other diseases; also upon disturbances in the lungs, liver, and other parts. Hysterical and emotional symptoms are

more common in cases of disease of the right side of the brain; out of 120 cases of paralysis that came under the lecturer's observation there were 96 caused by disease of the right side. An alteration of the retina of the eye will come more frequently from diseases of this side of the brain. Out of 69 cases of convulsions of the eye, 47 were due to disease of the right side. Death occurs much more frequently by disease of the right side of the brain, and in cases where patients do not die it will produce more extensive and enduring paralysis.

All this shows, not that the two sides of the brain differed originally, but that there were different developments of each. The left side of the brain was much larger than the right side. If a person went frequently to the same hatter, he would find that his hat had from time to time to be enlarged. There was no question that the brain grew. By studying a particular subject the person became more proficient, and the brain was more fully developed.

There was no doubt that the left side of the brain predominated in our system. Our being right-handed showed it. There was no population in the world that was not right-handed. The right hand of the body was mostly used. Left-handed individuals used the right side of the brain, showing the connection between these things.

There was primitively a difference between the two brains. In children convulsions were sooner developed in the left than in the right side of the brain. This was attributable to excess of blood in the left side. Parrots roosted on the right legs, and their talking power came from the left side of the head.

There were four vital points to be considered. The first was that asphyxia was connected with the left side of the brain in persons that were right-handed, and with the right side in those that were left-handed. The second point was that children who were first learning to talk, if disease came in the left side of the brain, learned to talk just as well with the right side of the brain. Though losing half of the brain, they got along just as well.

This proved that the right side could be educated, with the left hand for execution. The third point was, that four out of every hundred left-handed persons learned to write with the left hand; therefore the left side of the brain, even with persons left-handed, could be educated better than the right side. The fourth point

was that the leg was rarely so much affected by paralysis as the arm. He, however, would pass over this argument, as it could only be understood by medical men.

If the lecturer had established that we had two brains, then they should be developed. If we could develop the legs and arms of both sides we could develop both sides of the brain. If we gave as much attention to the left side of the body as we do to the right side, we would fully develop our two brains. The important point, therefore, would be to make children use both sides of the body—alternately using the right and left arm and the right and left leg equally. There would be no difficulty in thus training children to full development.

Even adults who had lost speech by disease of the left side of the brain could regain the power by cultivating the right side. In gesture, persons who had lost the use of the right arm could be trained to use the left. If children were thus trained, we would have a sturdier and healthier race, both mentally and physically.—*Medical and Surgical Reporter*, June, 1874.

URETHRITIS.

BY A. J. B. JENNER, M. D., DETROIT, MICH.

The genito-urinary mucous membrane is particularly liable to irritation, inflammation, and subsequent ulceration. The slightest deviation from the normal condition of its secreting surface is followed by an increase in *quantity*, and, if the exciting cause be prolonged, the *quality* of the secretion is also changed. At first it is merely rendered more viscid; it soon, however, becomes muco-purulent, purulent, and, at length, positive pus. The exciting causes are various; chief among them may be ranked the specific poison of gonorrhœa. There are, however, many others, and it is chiefly on account of the latter fact that I am induced to write this paper. There are very many cases which come under the notice of a medical man in active practice which, unless he is very careful to look well into the history of the case and the character of the patient, he will be liable to set down as the result of specific contagion, so great is the resemblance of such cases to genuine gonorrhœa. I need hardly advert to the manifest importance of a correct diagnosis in such cases, as the pronounced opinion of a reputable physician, if based upon an error of judgment, would be

painful in the extreme to the feelings of a sensitive and pure-minded patient. That such cases do very frequently occur among the latter class, I myself can personally testify, having from time to time had many such under my own treatment, and I have frequently had the greatest difficulty in persuading married folk that such things are quite possible without a breach of fidelity on either side. It often happens that just before and sometimes immediately after a monthly period, the vaginal secretion is very acrid and irritating. If a man has connection with a woman in such a state, he is very liable to be the victim of urethral irritation, especially if his mucous membranes generally are in an unhealthy condition. Such irritation and its effects, however, may be but slight, nay, so trifling as almost to escape unnoticed. But if coitus be frequently indulged in under such circumstances, a very different state of affairs is set up; slight *irritation* will very soon run into true *inflammation*, and the discharge, from being merely increased in quantity will soon become muco-purulent, and, if unchecked will merge into such a condition as hardly to be distinguished from veritable clap. And, if copulation be still indulged in, the two persons will mutually infect each other, and so *create* specific disease. A case of this kind came under my notice a short time ago, and I am convinced that just such a state of affairs as above mentioned was the origin, cause and effect of the trouble that existed, the position and character of both being such as to forbid even the suspicion of unchastity or of immorality in any shape.

Leucorrhœa in females is a very frequent cause of urethral irritation, and, indeed, of acute urethritis in a man who has connection with a woman under such circumstances. A case came under my own notice in which the patient was suffering from very acute balanitis followed by all the symptoms of the *most virulent* clap, and all caused by connection with a woman suffering from an acrid, badly smelling leucorrhœa. This I know, for I had an opportunity of examining the woman, at her own request, in order to convince the man that she was free from any specific disease.

Mechanical irritation and excessive sexual indulgence will also cause urethritis more or less acute. Vesical catarrh will also cause a sympathetic or even an idiopathic discharge from the urethra. All of which, and many other causes, if not properly appreciated and attended to, will soon degenerate into a condition

just as bad, if not worse than the disorder produced by an absolutely specific contagion. The diagnosis is extremely difficult unless proper attention is paid to the history of the case and the character of the patient. For, chemically or microscopically, there is no perceptible difference in urethral discharges from whatever cause produced. The greater the amount of inflammation present the more alkaline will be the discharge, and the various shades of color follow the same course, under the same circumstances, from whatever cause the original irritation proceeded. The accession of the disorder, however, is a matter of some importance. Urethritis produced merely by an *irritating* cause usually shows itself at once, or very shortly after the coitus which caused it, whereas, when it is the effect of a specific poison, the symptoms are more tardy in their appearance, gonorrhœa usually showing itself in from three to ten days, or even, occasionally, lying dormant for nearly as many weeks. There is also a very manifest difference in the effect of the treatment. The former cases usually succumb to very mild expedients, whereas as is well known, the latter often for a time defies the best directed measures for its speedy removal.

I have my own notions in reference to the treatment of all such cases, and if, without egotism, I may be allowed to say so, I am particularly fortunate in their issue. I *utterly ignore* what is commonly called the "abortive treatment" feeling convinced that, in very many cases at least, such treatment leaves behind a much worse state of affairs than it was intended to cure; moreover, I seldom, if ever, make use of astringent injections, although occasionally I allow my patient to make use of the same medicine *topically*, that he is taking *internally*. Such treatment may appear peculiar, but, as I have before said, it is always successful, and is, moreover, *radical*, leaving behind none of the "after-claps," such as stricture, gleet, renal and vesical weakness, etc.

This is merely intended as a short paper, and not by any means an exhaustive treatise. I must, therefore, crave the indulgence of any professional man who may deem it worth his while to read it, and beg that he will accept it in the spirit in which it was written.—*Detroit Review of Medicine and Pharmacy*, July, 1874.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Action of Chloral.

Dr. POLLAK gives the following as his conclusions on this subject:—

1. Chloral is a very good hypnotic, and in all those diseases which consist in abnormal cerebral excitement, or are combined with this, by its soporific influence constitutes a good calming medicine. 2. It relieves pain by the fact of inducing sleep, but will not relieve pain without causing sleep. In very intense pain it exerts but little hypnotic effect, and in such cases is advantageously combined with morphia. 3. As it induces relaxation of muscles, both voluntary and involuntary, it is an excellent means in the various forms of spasm. 4. In disease of the heart and lungs and of the digestive canal, chloral is without effect or unsuitable or even dangerous, and consequently is contra-indicated or should only be employed with caution. 5. It does not admit of being used as an anæsthetic during the execution of the great operations. 6. Its prolonged employment is not usually attended with any disagreeable effects, and if any occur, they are not of any consequence. It especially does not induce congestion of the brain or disturbance of the digestive and nutritive processess. 7. It is in most of the diseases in which it is employed an excellent palliative, but on the disease itself it usually exerts no influence. Chloral is especially indicated in the cases in which morphia is indicated, and when the latter on account of some of its effects cannot be administered. It is contra-indicated in diseases of the heart and lungs and of the digestive canal. 8. Comparing chloral with morphia and choroform, we may assert (1) that as a soporific agent its operation is more certain and less disagreeable than is that of morphia, which it will succeed in displacing as a hypnotic; (2) that it only relieves pain by inducing sleep, and fails to remove intense pain, so that as an anodyne it cannot supersede morphia; (3) and that as an anæsthetic it is far inferior to chloroform both in rapidity and intensity. 9. Although chloral has rightly obtained admission into the Materia Medica, it has not yet acquired its definitive place. Notwithstanding the numerous communications that have been made respecting it (the author is cognizant of the writings of 312 authors upon the subject), much more has yet to

be worked out respecting its chemical, physiological, and therapeutical relationships before the "chloral question" can be said to be completely settled.—*American Jour. of Med. Sciences*, July, 1874.

Gelseminum in Odontalgia and Facial Neuralgia.

Dr. J. Sawyer, of London, and Dr. E. Mackey, of Birmingham, extol (*Brit. Med. Jour.*, May 2) the efficacy of tincture of gelseminum made from two ounces of coarsely powdered gelseminum root macerated in a pint of rectified spirit, for the relief of odontalgia and facial neuralgia. The dose is from five to twenty drops every six hours. Dr. Sawyer says that out of about twenty cases the use of the remedy has not failed to give decided and lasting relief in more than three or four.—*American Jour. of Med. Sciences*, July, 1874.

Internal Use of Sulphate of Atropia in Profuse Sweating.

Dr. Frantzel, has tested the power of sulphate of atropia in checking profuse sweating in 75 cases in the Charité in Berlin, and is very well satisfied with the results obtained. He gives 1-60th of a grain in pill, and in only four cases was he required to discontinue it on account of diarrhœa. He uses it not only in the sweating of phthisis but also in that of other diseases, such as acute rheumatism, or convalescence from trichniasis. The author supposes that it acts by constricting the small arteries which supply blood to the sweat-glands, the sweating being probably due to relaxation of these arteries. Several observers have shown that atropia produces marked narrowing of small arteries. The dryness of the throat and mouth, and the parchment-like dryness of the skin in the advanced stage of atropia poisoning, are also probably due to constriction of the small arteries.—*American Jour. of Med. Sciences*, July, 1874.

Podophyllin in Acute Rheumatism.

By R. F. Dyer, M. D., of Ottawa, Ill. About five years ago I accidently discovered that the active principle of *Podophyllum Peltatum* promptly relieved the pains in acute rheumatism. I usually follow it with the "alkaline treatment," and if the pains return, recur again to the podophyllin. I commence with light doses combined with Dover's powder at intervals of two to four hours until the bowels are moved very freely several times, and have been frequently astonished at the amount required to effect

this. In some cases I have given it in broken doses for three days before it took effect. The more severe the case the more it required. While the bowels could be acted upon easily by other remedies, the action of this was delayed. Sometimes two or three evacuations relieve; at others it requires eight or ten. After the bowels are evacuated, if relief is not obtained, I continue the use of the medicine in broken doses, not large enough to produce vomiting. If the pain returns in two or three days, I repeat the treatment. The iodide of potassium is a favorite remedy with me, combined with a syrup of cimicifuga. I have thought that perhaps it was the free purgation that afforded relief, but upon trying active catharsis from other remedies, I am fully satisfied that there is some specific influence exerted by the podophyllin. Having fully tested this remedy in the past five years, I now recommend it to the profession in all confidence, having given it in a large number of cases without a single failure in its affording relief from pain as soon as a free catharsis was produced.—*Amer. Jour. of Medical Sciences*, July, 1874.

Neuralgia in Infants.

Children from two to six weeks old, especially males, suffer frequently with attacks of pain in the bowels, coming on about midnight, and lasting until four or five in the morning. This enteralgia does not seem to be caused by any fæcal accumulations; it is very noticeable, however, that during the paroxysm they pass no water, and at the end of it a large quantity of pale-colored urine comes away, as after an hysterical attack. The cause of this retention of urine is unknown. The disease affects children of all classes of society indiscriminately, without reference to their hygienic condition.

The remedy recommended by Dr. Boyd, (*Edinburgh Medical Journal*, February, 1873,) is spiritus ætheris nitrosi, eight or ten drops, in a drachm of water. Immediately afterwards, with escape of wind and the passage of a considerable quantity of urine, the crying ceases, and the little patient goes to sleep.—*Nashville Journal of Med. and Surgery*, April, 1874.

A Modern Opinion of Anæsthesia in Labor.

Dr. Leishman, in his recent work on Midwifery, says: The question of anæsthesia seems to us to stand thus: In eclampsia, in some cases of mania, and in all cases of operative midwifery,

it is, without exaggeration, invaluable. In ordinary cases it is always to be used with caution, but if employed in small quantities on a handkerchief, on the approach of each pain, towards the termination of the second stage, it can never do harm. It thus allays pain, and assuages nervous irritability; and in the hands of the skillful practitioner, it is a power for good and never for evil. —*Nashville Jour. of Med. and Surgery*, April, 1874.

Chloralum in Cholera.

The internal use of chloralum in cholera is highly recommended by Dr. Henry Blanc, surgeon in the Indian army. His mode of administration was, one part of liquid chloralum to twenty-five parts of water, and directed an ounce of the mixture to be given every half hour: also that an enema containing sixteen ounces of the mixture be administered every hour. Undiluted chloralum was sprinkled on and around the bed. Remedy given less frequently as the reaction became more completely established.—*St. Louis Med. and Surg. Jour.*, July, 1874.

Diarrhœa of Children.

Oxide of zinc is a remedy of value in children's diarrhœa. It should be given in doses of two grains every three hours, mixed with mucilage and a little syrup.—(M. W. Berry, Practitioner.)—*St. Louis Med. and Surg. Jour.*, July, 1874.

Syphilitic Ulcers.

For soft syphilitic ulcers and skin affections, Dr. Gamberini finds iodoform, two drachms, to glycerine, one ounce, a most excellent application.—*Medical and Surgical Reporter*, April, 1874.

Hypodermic Injection of Ergotine.

Dr. S. Fisher:—

℞. Ergotine,..... dr. iij.
Glycerine, } ..... *aa.* dr. vij.
Water, }
M.

Editorial.

(*From Winona Republican, June* 4, 1874.)

Death of Dr. Richardson.

The sudden and dangerous illness of Dr. RICHARDSON, noticed in our last issue, terminated fatally at 8 o'clock on Wednesday evening—just twenty-four hours after the violent shock of apoplexy by which he was prostrated. Nearly all the prominent physicians of the city visited him during his illness, but their sympathy and counsel, so freely and kindly offered, alike proved unavailing, and as the day wore away he gradually grew weaker, until without any apparent return of consciousness or sense of suffering, he passed from earthly existence. Dr. RICHARDSON was born, we believe, in Orange, Vt., and at the time of his death was nearly fifty years of age. He came with his family to Winona in the Spring of 1867, previous to which time he had been for years a leading medical practitioner in Montpelier, Vermont. On arriving here he formed a co-partnership with Dr. STAPLES, which continued for a considerable period. For the past two years he has been practicing alone. As a physician he has, ever since his arrival in the State, enjoyed a reputation equal to that of any of his professional brethren here—a reputation which his thorough education, his skill, and his untiring devotion to the welfare of his patients, both merited and sustained. As a man he was strictly honorable in all his dealings, and never failed to win the confidence and esteem of those with whom he associated. Of a quiet and undemonstrative character, he was nevertheless a man of tender sympathies and readily responded to any demand upon him for a worthy object. In his domestic relations, he was singularly happy and beloved, and the members of his household, in particular, will sadly miss his cheerful presence—a bereavement for which the over-flowing sympathy of the community in this sudden calamity can but poorly compensate them.

The funeral will take place at 2 o'clock to-morrow afternoon.

Serious Illness of Dr. Richardson.

WINONA, June 3d, 1874.

The friends of Dr. W. H. H. RICHARDSON, one of the leading physicians of this city, were startled this morning by the news that he was lying in a very critical condition from an attack of apoplexy last evening. He had been attending to his business as usual, up to Tuesday morning, when he went out of his office about 10 o'clock, across the hall to the office of Drs. Stuart & McGaughey and had a consultation with Dr. Stuart. He told him that he had been feeling uneasy about himself for some six weeks past, but had said nothing about it. At times he had found his mind leaving him. Often, when reading or talking, the subject before him would utterly vanish, and another, entirely new, would take its place, seeming to

have all the vividness of reality. From the symptoms he feared paralysis of the general nervous system. After an interview of about ten minutes Dr. Stuart expressed fears of congestion of the brain, but said he would prefer to wait for counsel with his partner, Dr. McGaughey, before prescribing any medicine, although he suggested certain remedies. Dr. Richardson then returned to his office. Doctor McGaughey arrived soon afterwards and went over to see Doctor Richardson, prescribing for him and advising him to go home, which he did. He lay down during the afternoon, and in the evening about 7½ o'clock the physicians called again, finding his pulse much better but his tongue badly coated. His mind, however, seemed clear and calm. After they left he got up and came down stairs saying that he wished to talk to his wife and the children as he was going to leave them. He was evidently much depressed. Mrs. Richardson persuaded him to lie down and keep quiet, and he accordingly went to the bed and appeared to be resting comfortably whan his wife left the room for a moment, and on returning found him in a deep stupor and breathing heavily. The physicians were hastily summoned but were unable to rouse him, and he remained in that condition through the night and to day. His recovery is considered very doubtful. It is a terrible affliction to the family and friends, and all that sympathy and kindness can do is tendered them in their sorrow.—*Winona Republican.*

Winona County Medical Society.

The quarterly meeting of the Medical Society of this county, was held in St. Charles on the 7th inst. Present, Dr. FRANKLIN STAPLES, of Winona, President of the Society; Drs. C. N. CLARK, J. B. TAMBLIN and H. H. GUTHRIE, of St. Charles; Dr. E. C. CROSS, of Rochester; Dr. A. W. STINCHFIELD, of Evota; Dr. A. H. TROW and R. W. TWITCHELL, of Chatfield. The *Times* gives the following abstract of the proceedings: The Secretary being absent, Dr. GUTHRIE was chosen Secretary *pro tem.* Appropriate resolutions regarding Dr. W. H. H. RICHARDSON, lately deceased, were adopted and a committee appointed to write a biographical sketch of Dr. R., to be placed in the hands of the Committee on Necrology of the State Medical Society, and also of the American Medical Association.

An essay on Indigenous Remedies, was read by Dr. GUTHRIE. Various items of business were attended to, and a number of interesting cases were reported and discussed. In all, this was a very agreeable and important meeting. Dr. CLARK was appointed essayist for next meeting. Alternate, Dr. MCGAUGHEY.

Hydrocynate of Iron in Epilepsy.

BY DR. WALTER M. FLEMING.

Messrs. Editors—I am in receipt of your Journal leaf, containing the experience of Dr. D. L. MCGUGIN of Keokuk, Iowa, in the use of that

valuable preparation, the Hydrocyanate of Iron in Epilepsy and its kindred ills.

Dr. G., expresses a desire to know if others have used it, and with what success. I therefore cheerfully submit the following:

A little more than eight years ago, I used the Hydrocyanate of Iron, for the first time. The case was Epilepsy, in a German lad, aged about thirteen years. He had been suffering from the spasms, at short intervals for over four years, and had been subjected to a great variety of treatment, with little or no benefit, the spasms occurring once in five to seven days, and very severe.

All the usually indicated remedies had evidently been exhausted in this case, and it was altogether an undesirable case to assume charge of. All the varied treatment that had been brought to bear upon the case did little, or nothing more, than to alleviate the frequency and intensity of the spasms to a very slight extent.

Having observed the praises bestowed upon this preparation, Hydrocyanate of Iron, in (I think) the *Philadelphia Med. and Surg. Reporter*, I determined to try its efficacy in this case. I therefore at once procured a bottle of your preparation of the drug, and commenced its use, without resorting to any other usual remedies.

I administered it in one grain doses, three times a day, triturated with *Saccharum Lactis*. I found at the end of a fortnight, its action was perceptible, that relief was promptly afforded. Being thus highly gratified with its action, I persevered with it, commencing with two grain doses prepared as before, with the addition of gr. ss. (half grain) of Valerianate of Quinine to each dose.

This preparation, at the expiration of three weeks, greatly modified the spasms, only one of which occurred during that time, and it was light, and comparatively unimportant. Being encouraged by the combination before alluded to, I now compounded the following formula, with perfect success, ultimately breaking up the spasms entirely.

℞ Hydrocyanate Iron..... ʒ ii.
Valerianate Quinia... .....
Cyanuret Zinc.....aa ℈ i.
Ext. Hyoscyami..... ʒ ii.

Mix. ft. Pil, div. in Pil. No. 120.

Sig. One pill at 10 A. M., 3 and 9 o'clock P. M.

After pursuing this treatment the spasms only occurred once in four to five weeks, and were of a trivial character as regards severity. It must moreover be remembered that the patient had been under the influence of the remedy long before administering so large doses.

On the initiatory treatment of similar cases, I would advise the division of the formula into 240, or 250 Pills, then give two or more at a dose when required.

I think the patient had but three or four unimportant spasms after use of this formula, and those occurring only at intervals of seven to nine weeks. So at the expiration of nine to ten months, the case was regarded as cured. I however advised the continuance of the remedy. One pill A. M. and P. M. for a month or six weeks, then one at bed time only for the next month, and thus *gradually* suspended treatment.

I saw the patient occasionally for three years subsequently, and the report was always favorable, and no return. His former stupidity and dullness had disappeared, and he seemed a bright, smart and intelligent youth.

The result from the primary start, was so gratifying, that I unhesitatingly depend upon this combination as the "sheet anchor" in epilepsy, and have not found it deficient in any instance, although having used it in many cases. Some are no doubt incurable and all are exceedingly intractable, but this remedy *never fails* to relieve, and *often* cures, and furthermore, I can frankly say, its usefulness is by no means confined to epilepsy. It is invaluable in facial and cranial neuralgia, vertigo, hysteria, gastric and bilious headaches, etc., also chorea, and the whole brood of kindred ills, *Neuro-Cerebral.*

I continually employ the Hydrocyanate of Iron and Valerianate of Quinine, Pulv., with the many forms of cerebral embarrassments and with the most gratifying results. I am never without it in my office, and regard it as a prompt, efficient and invaluable remedy in all this type of disease.

43 West 31st St., New York, May 2, 1874.

Elixir Iodo-Bromide Calcium Comp.

Cases in Practice.

Venereal Hæmorrhoids—By X. T. Bates, M. D., New Lebanon, N. Y.

A case has recently came under my observation serving to confirm my previously expressed opinion as to the surprising efficacy of the Elixir Iodo-Bromide of Calcium Comp. in the treatment of Piles. A seafaring man suffering from well marked Secondary Syphilis, sought my professional advice. In detailing the various symptoms, he omitted to mention the fact that he was greatly troubled with the Piles—not supposing that they depended upon or had any connection with the specific complaint in regard to which he desired my assistance. I prescribed in his case the Elixir Iodo in teaspoonful doses, three times a day; directing him to persevere in its use. After faithfully following my directions for a space of two months—during which time I had no opportunity of seeing him, he has informed me, that, not only were the general symptoms much abated, but that by its use he had been entirely cured of the Piles, from which he had endured most intense pain during the last two years. On questioning him

more closely, I discovered that it was a well defined case of Venereal Hæmorrhoids of most aggravated character—and the fact that they have yielded so readily to the persistent use of this agent is another evidence of its wonderful efficiency in this most painful and troublesome complaint.

I earnestly appeal to the medical profession to note the fact—and to test the question in practice.

STILLWATER, MINN., Office Physician Minn., S. Prison, July 1, 1874.

Cancerous Enlargement of the Tongue.

Dear Sirs—I was agreeably surprised this A. M., while attending to my duties in Prison, by a call from Mr. B., who visited me one day some six weeks ago, in regard to an induration upon his tongue—causing considerable *thickening* of the *organ* and *interfering with speech.* Upon questioning the patient, he told me that he had had what the Doctors, who removed the same, called a *cancer* upon his *tongue*, involving a considerable portion of the same. The operation if I remember rightly, was performed some three years previously. Believing a re-growth of the former *cancer* or tumor inevitable. I recommended him to consult the physician who first attended him, and obtain his opinion. The matter slipped from my mind, until meeting the man upon the street some two weeks subsequently, I enquired concerning his condition and he told me that he was about to call at my office to place himself under my care. Stepping into an adjoining store, I examined the tongue, found the growth increasing in size and presenting a malignant appearence. Being rather hurried, I wrote simply a prescription:

℞ Tilden's Elixir Iodo-Bromide Calcium Comp..... ℥ jv.

Sig. Teaspoonful three times a day, after meals. I told the man to repeat the prescription if he found any benefit from its use and to double the dose.

To-day as above stated, hardly a month since—he has taken but Oi. or less of the Elixir, the induration and enlargement have almost *entirely disappeared* and the patient is as happy as a lark. He tells me to-day that if I had charged him $300,00 depending upon the present results he would have gladly given it—as this is the *second case*, resulting similarly under my observation, and of *like disease.* I feel *very much like giving unqualified praise to the* Elixir Iodo-Bromide for being the *most reliable alterative, discutient and tonic combined, in the reach of the profession.*

Very truly, yours,

GEO. M. LAMBERT, M. D.

Necrosis of the Tibia.—Dr. A. P. JACKSON, of Oakfield, N. Y., reports a recent case of Necrosis of the Tibia, treated successfully by him, with Elixir Iodo-Bromide of Calcium Compound, which seems worthy of special mention.

The patient, a man of middle age, had been suffering for a considerable time and little if any relieved by ordinary treatment. The leg was nearly three times its usual size, and had large fungous growths, one of which was clipped off, and weighed over a pound. The disease had so far progressed, that amputation was advised, or regarded as necessary, unless a change was otherwise effected.

He commenced taking the Elixir Iodo-Bromide of Calcium Comp., and in three to four weeks, a decided impression was made, which evidently arrested decay of the bone; the medicine was continued six months, and the patient is now able to go about his business, and seems nearly restored.

Goitre and Scrofulous Enlargements of the Lymphatic Glands.—A case of Goitre and Scrofulous enlargement of the lymphatic gland was treated with entire success, by using the Elixir in the usual doses prescribed.

In various phases of syphilitic disease the Doctor says that he has had most remarkable and uniform success, and adds, that in many other and varied cases of scrofulous diathesis, he finds the New Alterative more efficient than all other remedies applied as alteratives. He refers especially to its prompt action in cases of ulceration of the neck of the womb, leucorrhœa, &c., with the remark, that in some cases, it acts as a tonic and appetizer, and seems to regulate the bowels when used for a considerable length of time.

We shall be pleased to hear further from the Doctor, and trust he will do us the favor to spare time and report any important cases, in due form for the benefit of our readers generally.

MILWAUKEE, WIS., May 7th, 1874.

Purulent Catarrh, Glandular Enlargement, &c.

Dear Sirs.—The many high recommendations of your "Elixir Iodo-Bromide of Calcium Comp.," induced me to try it. I have observed its effects when administered to patients suffering with cancerous ulcers, chronic inflammation of the *meibomian glands*, *purulent catarrh*, glandular enlargement, and obstinate eruptions with the happiest results. It is particularly indicated in cases of a scrofulous nature, and is one the best alteratives that we possess. In children, affected with obstinate forms of these diseases, perhaps the best results have been seen.

It presents us with another powerful remedy with which to bring the changes in such cases, but it should not be administered in too large doses.

E. W. BARTLETT, M. D.

Osteo-Periostitis, Chronic Eczema, &c.

Lockport, N. Y., July 3d., 1874.

In reply to your inquiry as to my experience in the use of the "Elixir Iodo-Bromide of Calcium Comp.," and "Solution" of same, I will recite some cases of recent occurrence, from the many which have come under my treatment.

CASE I. Mrs. B., age 35, Osteo-Periostitis—contracted syphilis in 1865—had circumscribed inflammation of the lower and middle third of the spine of the tibia, was suffering greatly from nocturnal pains in that region. Divided the Periosteum and pus was discharged freely, which relieved the pains; afterwards made an opening of the shaft of the tibia, which also discharged pus,—advised constitutional treatment, using Elixir Iodo-Bromide of Calcium Comp., internally and the Solution externally, and properly diluted. This treatment was continued six months, during which the incision healed perfectly and the general health of the patient steadily improved from the commencement with the Elixir and Solution.

The patient was discharged, cured, Nov. 30th, 1873, and I attribute my singular success in this case to the persistent and continued use of the new remedies as stated.

CASE II. Mrs. S., aged 28, *Cancroid Tumor of the left breast, also of the lower lip of the os uteri;* much inflammation of the uterus and constant discharge. Made local application of the Solution Iodo-Bromide of Calcium Comp., strong as the patient could bear, covering the breast with oiled silk, to retain moisture—local application of the same to the os uteri, with Tinct. of Iodine. Prescribed Elixir Iodo-Bromide of Calcium Comp., in teaspoonful doses, every four hours during the day.

After three months treatment, the tumor had entirely disappeared from the breast and uterus; ordered the patient to continue the Elixir with enemas of 2 ozs. Bromo-Chloralum in a quart of water, directing about 2 ozs. of this dilution in half a pint of water for each vaginal enema. Treatment was continued during the winter, in all—say, six months, when my patient was pronounced cured, and she has since enjoyed good health, with no indications of any return of her disease. This gratifying result, I attribute to the use of the Elixir and Solution.

CASE III. Mrs. C., age 45, *Chronic Eczema* of several months' standing, involving the face and scalp, which were covered with a desquamation, and extremely annoying to the patient. Her case had resisted all ordinary treatment; as a dernier resort, I prescribed the Elixir, a teaspoonful in half a wine-glass of water, three times a day. Did not see the patient again until after some six weeks, when she declared herself perfectly cured, and wanted the prescription again, for some friends in the West. There is no doubt in this case, of the superior efficacy of the New Alterative, and I may add my belief that it answers more indications than any alterative I have ever known or seen employed. I could recite many other and various cases which I have treated during the past two years, with the same results as in the cases already recited.

H. McG. WILLSON, M. D.

Diphtheria.—By M. E. DOZIER, M. D., Attalla, Ala.

Our infant son, aged eight months, was attacked on the night of the 5th of May with a most alarming and dangerous case of diphtheria. We prompt-

ly went to work trying to arrest the disease, but our efforts all failed, and our little patient grew rapidly worse, until about one o'clock next day, when we despaired of all hope, and began preparing ourselves for the dreadful ordeal, dissolution. Our parents and friends were sent for that they might afford us their consolation in the hour of our heartfelt anguish. My father, Dr. T. H. Dozier, came among others, and though all thought our child dying, he insisted on trying the Elixir Iodo-Bromide Calcium Compound. We reluctantly consented, as we did not wish to torture our darling any more; but a feather was procured, and being well saturated with the elixir, it was applied to the fauces, larynx, &c., over which the characteristic vesicles could be seen, and also applied freely to the throat externally. In less than a half hour our patient was breathing easier. The dark greenish appearance had assumed a more favorable hue. The vesicles seemed to be disorganizing, and the exudations much reduced in quantity.

The Elixir was also used internally, in 12 or 15 drop doses, well diluted with water—every three or four hours. The same applied to the throat and fauces, as occasion required. We alternated occasionally, when the larynx seemed strictured, and the respiration heavy and laborious which was the case for a week or two, especially when the patient grew very warm, with the following

℞ Syrups Squill, Seneka and Ipecac..aa ℥ ss.
Fluid Ext. Belladonna..... ʒ ss.

Dose—15 to 20 drops, every half hour until the breathing became easier.

Our little boy is now well, and we feel grateful for the benefit derived from the Iodo-Bromide of Calcium Compound, and trust that it may ever prove as valuable in other cases as the one just cited.

Bromo-Chloralum in Gonorrhœa.

Woodville, Tyler Co., Texas, April 6, 1874.

Extract from letter of J. A. Gilder, M. D. "I have tried the Bromo-Chloralum in a case of chronic gonorrhœa as an injection and used no other treatment in the case which was cured in a very short time. Some weeks have elapsed since I dismissed the patient, and there has been no recurrence of the symptoms—I see him every day—and he is in excellent health. As an injection in this disease I consider the Bromo-Chloralum unequaled."

Publications Received.

By the kindness of Philip Adolphus, M. D., Director, and Clinical Instructor in Gynæcology at "Central Dispensary of West Chicago," we have received a copy of the Fourth, Fifth and Sixth Annual Reports of the "Central Free Dispensary of West Chicage" for the three years ending June 30th, 1873, also, the Thirty-second Annual Announcement fo Rush Medical College, Chicago, Ill.

THE

Journal of Materia Medica

DEVOTED TO

Materia Medica, Pharmacy and Chemistry.

Vol. 18.] AUGUST, 1874. [No. 8.

Communications.

CONDITIONS OF THE CONFLICT. (CONTINUED.)

BY ALEXANDER HUTCHINS, M. D.

In this view of the necessary and progressive relations of the Doctors of Medicine to society, the body of learning, which is their inspiration and source of power, is entitled to the distinguished rank of an applied science. It is heresy among certain circles, in these days of original investigation, to urge the plea of utility as any criterion of real value in giving rank to a science; but these very scientists, while they are laboring in the hope of discovering laws which shall reconcile discordant phenomena and find themselves happy in the unfolding of new relations, plume themselves most triumphantly on results which can be turned to account in the useful arts. But, heresy or no, the investigations that tend to promote the general welfare, facilitate intercourse, and turn labor into more profitable channels, are the investigations that command the benediction of the multitude, and the arbitrary and dogmatic dictum of ever so sincere a minority to the contrary notwithstanding, with very little question, the *vox populi* is the *vox Dei*. Measured by its usefulness, as affecting universality of application and efficiency, it holds a precedence above all the sciences. Its whole strength is put forth on its journey that it

may the sooner return laden with branches for the healing of the nations. The very air it breathes is redolent with effort for the upbuilding of the people. It estimates its success by its increasing power to strengthen infirmities. It counts those acquisitions the most valued which enable it most speedily to remedy misfortune Its processes of thought are stretched out to ingather all truth that can be made most immediately available. It lavishes, nay, squanders, its choicest treasures, in the very ooze of squalor, for the dear sake of pity. It knows no marketable value for its most hard-wrung possessions, when from any misery comes up the beseeching cry for help. It demands from its votaries their all that all things may be in common for the truth's sake. It counts no toil unworthy where sorrow is to be appeased. It holds naught as sacrifice that shall send the poorest back to his labor. It robes alike its acolytes and priests that there shall be no withholding of the fullest ministrations. It criticizes unsparingly the oppressed by avarice and greed, that the toilers may take courage by relaxation. It enters into the abodes of wretchedness and drives out the poison that color may come to the stricken by neglect. Everywhere, among all peoples, in all climes, on frontier or in crowded city, in hamlet or on prairie, in midnight vigil or the ministering at noon-day, in palace or in hovel, amid poverty or affluence, with saint or felon, by staring idiocy or the divinity of thought, by the side of elegance or the clownishness of boors, by lord or serf, by prince or peasant, in desolation or in luxury, in expectation or dismay, whether with assurance of reward or the sombre consciousness of bread upon the waters, with hands that have been laid pityingly on the sorrows of the past stretched forth to soothe the aching pillows of the future, its genius is the RESCUE cry.

It may possibly have suggested itself to some of your minds, that this view of the profession is not that in which it is ordinarily seen, and it may likewise have occurred to you that the unbelievers is this doctrine are not altogether resident outside the limits of professional life. A moment's further reflection may suggest that, in the estimation of a very large majority of the laity, the profession of medicine has a two-fold relation to themselves, viz.: that there is a routine practice common to medical men and the element of personality to which they incline. A

more intelligent and respectable minority have been educated into the belief that this profession of medicine is the possessor of a vast variety of disjointed facts relating to the effects of certain agents on certain conditions of the human body, and that the comparative good or bad in the profession consists in the superior or less ability, with the wider or more limited experience of certain members thereof in making use of these facts. In both cases the personnel of the profession stands out in bold relief from the profession itself; in both cases the trade of the profession comes handsomely to the front. If medical men and the laity, whom they serve, are agreed on this platform, it cannot well be urged that there is any well-grounded complaint on either side The laity get the best there is to be had and, taken all in all, the profession is pretty well provided for. The religion of trade is to get the best article for the least money and, in this case, there is very little haggling about trifles.

But, on the other hand, the profession of medicine puts a different estimate on itself; an estimate which, in a most general way, I have endeavored to define, and which, if it be accepted, presents some startling suggestions why its sources of light have been so effectually concealed, and why its seclusion from the public gaze has wrought so great a misunderstanding as to its merits.

It were folly to deny that this misappreciation of the real merits of the profession has been, and is, the fruitful source of some jealousy and much personal discomfort among medical men, and a not inconsiderable sacrifice of their calling on the part of many, too sordid to follow truth through good report and evil, to the level of a trade.

The unrest of the profession is no unfamiliar story, and this unrest belongs not altogether to the accumulation of a patronage, but also to the preservation of that patronage. But this unrest must be limited, with great precaution, to what is known as the practice of the profession, which is the furnishing certain resources which the profession possesses to supply a demand, for a consideration, the person supplied being at liberty to judge whether the demand is met and being, at the same time, not restrained in criticism of any part of the transaction or the skill there exercised.

I suppose it is perfectly safe to assert, without fear of con-

tradiction, that the complaints of the younger members of the profession have two general directions, and but two; and these are, in the first place, the disgust begotten by familiar contact with social relations which are entirely beneath them, and, in the second place, by difficulties that beset the recovery of such compensation as custom has led them to exact for their services. There is no especial pleasure in this examination, nor would it be profitable to expend time in rehearsing what is so well known. The only points that it is desirable to insist upon are that within these limits are included the major part of the unpleasantness that attaches to the practice of the profession, and that, under the present condition of things, these results are inevitable.

If we understand this, we may be led to something higher, for it will be seen at a glance that these are but contingents and are no constituent part of the profession. They are one's personal belongings, and they vary with the person, with his idiosyncracy of temperament, with his executive ability, with his power of expression, with his natural dignity of character and deportment. A man of tender sympathies, and consequently of sensitive nature, if thrown among associations, coarse, ignorant, and unappreciative, will be jarred infinitely more than another man whose kindness and good judgment may be equally faithful, but whose emotional nature is less easily aroused. But in the ordinary practice of the profession no man escapes this contact, because necessity or duty, which alone impel any man to put himself among uncongenial surroundings, are both driving him thither perpetually. Each young man is a candidate for public favor and, as a rule, he must commence at the bottom. From the most unpleasant, through all grades up to the most satisfactory surroundings, his duty is in spite of the surroundings and ever the same. And, as the tongues of Rumor are as the winds of heaven, his faithfulness to duty is his impelling force upward, and the grinding fact is that he knows it; he must take what comes.

So, on the other hand, it is equally apparent how unconducive this practice of the profession is to exercise, in its own behalf, any self-assertion of its dignity.

"On their own merits, modest men are dumb."

The taint of personality follows it all through. The strife for personal salvation from failure, to say nothing of all the ambition

for personal aggrandizement and independence, that are the inspiration of all labor, is the same old battle of life fought here as everywhere. And it is a thought that ought not to be repressed, but rather should be placed before the sober regard of all who hold faith in the uprightness of humanity, that this strife among medical men with all their opportunities for covert action, develops so little that is mean or sordid. And this self-assertion of dignity is difficult, nay impossible, for the inclusive reason that through so large an extent the profession is the seeker and not the sought. Its ability to perform, it proclaims; its opportunities for performance are its sources of revenue. It is properly restrained, its very genius limits it, in the search for these opportunities. In all the formative stages of what is known as reputation (and let it not be lost sight of that the personality is ever prominent) the effort to win over by complacency of manner, no less than by skill in action, is as recognizable as it is needful. So that any self-assertion of the acquisitions, hereditary or original, which are the common treasury of the profession, that cannot, at the moment, be brought down to the test of desired results, would plunge headlong down the abyss between arrogance and absurdity. In this apology, let it be recollected that temporizing is out of the question; action must be prompt, and leaving out of sight the unquestionable fact that inexperience will turn pale no matter how polished its weapons and how multidinous its unused resources, the problems that are thrust on the novitiate are the same problems that baffle the sage.

I imagine that we shall have little difficulty now in finding some solid basis on which to rest the statement, that either the profession has an over weening estimate of its own importance, or else, that there is a very inadequate estimate of its excellency on the part of those whose interests it subserves. In brief, it arrogates to itself an accurate understanding of the physical structure and functions of man, a growing comprehension of the causes that tend to undermine his integrity, and with that growth an ever increasing ability to check its tendency to decay, and that this growth is based on sound knowledge acquired by liberal investigation. Opposed to this is a faith which has a very comprehensive constituency, a faith which has been very well summarized by a modern English medical writer, Dr. James

Johnson, and which I quote for three reasons: because it embodies the sneer which is a popular sentiment against legitimate medicine, because men seize so eagerly and with so great gusto upon any ridicule a man may cast on his own calling, no matter how truthless so long as it is derisive, and because the extract was prominently placed in the humorous department of the most widely circulated popular magazine in the country. He says:

"I declare my conscientious opinion, founded on long observation and re-
"flection, that if there was not a single physician, surgeon, apothecary,
"chemist, druggist or drug on the face of the earth, there would be less sick-
"ness and less mortality than now obtains. When we reflect that physic is a
"'*conjectural art*,' that the best physicians make mistakes, that medicine is
"administered by hosts of quacks, that it is swallowed by multitudes of people
"without any professional advice at all, and that the world would be infinitely
"more careful of themselves if they were conscious that they had no remedy
"from drugs, these and many other facts will show that the proposition I have
"made is more startling than untrue. But as it is, drugs will be swallowed
"by all classes, rich and poor, with the hope of regaining health and prolong-
"ing life, and also with the expectation of being able to counteract the culpa-
"ble indulgence of the appetites and passions."

If proof is asked for the statement that the public respect for legitimate medicine is not that to which, its practitioners claim, its dignity is entitled, dismissing all special cases, the one prominent fact that the public is tolerant of what it styles the different schools and practices of medicine, is answer conclusive.

Thus far, in this discussion, I have steadily avoided any direct allusion to the Science and the Art of Medicine; but any proper understanding of the difficulty in question, must bring these terms prominently to the front, for on these the issue depends.

Legitimate medicine elaborates the Science and on that bases its Art. All the manifold heresies of medicine with unanimous accord, confess the Art, but deny the Science.

That this misconception should be fully grasped is essential before it is possible to make good the pretentions of legitimate medicine. For a proper understanding of the merits of the case, let us accept two definitions, that are of the most general character and which, from their inclusiveness, can be generally accepted, viz.: defining Science as a systematic arrangement of general principles; and Art as a system of rules designed to facilitate the performance of certain actions.

The history of all medical heresy, no less than the history of the popular heresies of to-day, has been unmistakably consistent on two points: first, that it has never made any pretence to a Science, but has begun and ended in its claim to accomplish certain results by certain procedures; and second, that without exception, the end of its existence has been to promote the pecuniary emolument of its teachers. The implied claim is, therefore, and it is the popular objection, that the body is obnoxious to certain infirmaties, that there are certain things to be done to relieve these infirmities, and that the discovery of the means whereby these results are obtained may be, indifferently, accidental or the result of investigation, and that the knowledge of the appropriate use of these means is the doctrine of medicine. The intelligent use of means suited to the relief of disease is, unquestionably, the Art of medicine, and those, who believe that this is the end of the story, are thoroughly consistent when they allege that there are many ways to one end, and that any body of men who claim that they can cure disease by certain modes and can make good their claim, are entitled to the honorable distinction of a school of medicine. And it follows, legitimately, that so soon as this is admitted, a highway is thrown open for an interminable procession of schools.

Conjectural or no, if medical Art is all there is of medicine, or to put it again, if medical Art is all that is useful in medicine, then the heresies of medicine have the argument by undeniable concession, and are heresies no longer. Certain wants are to be supplied, the purveyors to these wants are supplying those most interested, and are driving a respectable trade. It must be admitted that there results considerable friction, as the facts show. Individual ingenuity is pitted against collective learning. Eccentricity no matter how erratic, insolent bravado no matter how blundering, conceit no matter how stupid, so long as a following is obtained, gain the prize of merit in that constituency. Of course this constituency is subject to great fluctuations. Reputations hang on a very brittle thread. The cow doctor was consulted in a critical case and though as he said, he didn't know much about humans, he'd give a pound of salts to a cow, and he thought a quarter might do for the young woman. It proved a bad case of *ne sutor ultra crepidam*, for in the style of the modern phara-

graphists, the mourners noticed a sweet smile on the face of the corpse and the procession did not reach the cemetery till after dark. The darkey's is a case in point. A southern planter was taken suddenly ill and, as the nearest doctor was a long way off, an old negro, of considerable repute on the plantation, was summoned to prescribe. The patient not improving, the doctor was obtained, who asked the darkey what he'd given. "Gib massa al'm and ros'n." "Alum and rosin! what for?" "Why I gibs de al'm for to draw the parts togedder, and de ros'n for to make um stick."

These are gross illustrations which set forth the principle that underlies all empiricism; a belief which contends that experience is the one thing needful in medical art, that is, *mere* experience, without knowledge of principles; an empiricism, older than Pliny or Aristotle, who wrote of it; an empiricism which, all along the upward track of knowledge, has set itself in antagonism to scientific medicine.

It is to be asserted, without fear of successful contradiction, that there is not a single instance to be brought forward from the accumulated archives of the intellectual history of all time, where the professional advocates of these pseudo-schools of medicine have contributed one iota to the mass of human knowledge outside of the elaboration of their particular pet theory which is their stock in trade. Consistently they aver that the successful practice of medicine does not require it. If this be true and if this be all, the title of a learned profession is a misnomer beyond parallel.

Is it possible, in these days of the diffusion of knowledge that one should be driven to argue the inferiority of an Art, whose system of rules has been knocked into shape by hap-hazard experience, to the dignified composure ot an Art which has been built up carefully and by slow processes, through successive generations of investigation, whose classified knowledge has unfolded the processes of Nature and moulded the Art in conformity thereto? Shall the community of intellect confess the conceit a novel one, that truth is a unit and cannot be dissociate, that each science is an analogue to every other, and that the broader the research the safer the guidance?

(TO BE CONTINUED)

EXTRACT FROM THE PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION.

Dr. L. D. BULKLEY (New York) read a paper on

Management of Eczema.—Eczema attacks all classes, and demands treatment according to the condition of the patient, etc. It differs from all other dermal inflammations in being a catarrh of the skin. It is divided into acute and chronic stages, but there is no distinct line between them; hence the difficulty in determining when to change treatment. Simple diet may cure the disease. Meat and stimulants add fuel to the flame, and prevent recovery. Fresh air, exercise, bathing and avoidance of fatigue may also effect a cure; although in bathing the water should be modified by alkalies to prevent irritation. Cathartics, if not abused, are often beneficial, while diuretics are indispensable in a large number of cases. Medication should be directed to evacuating the stomach and preventing formation of acid, and to increase the secretions. Tonics should be given; cod liver oil is excellent. Hydrate of chloral and bromide of potassium may be given to induce sleep. As a most valuable prescription, he recommends a mixture of one drachm of potassa, two of tar and five of water, which may be administered internally or applied externally, or both, in quantities to suit individual cases.

True eczema is properly acute, but may be subacute and chronic. It runs a certain course, accompanied by definite pathological changes, and is often made up of the relics left in the skin—*i. e.*, thickening caused by a deposit of adventitious cells, sometimes extending deep into the adipose tissue. Much that is called eczema is properly only a dermatitis, tending to spontaneous recovery when the cause is removed and irritating agencies kept away. Eczema, in its true sense, is not a local affair, but one intimately associated with blood changes, represented in the main by a sub-oxidation or hyper-acidity, as found in the stomach, kidneys, etc.. This state is closely allied to gout, rheumatism and scrofula. Debility, pure and simple, does not cause eczema, but may, by its existence, prevent the recuperative action of nature, or the beneficial effect of remedies. The products of eczema, the thickening and consequent scaling and itching, are removed by stimulating applications, and by such pure tonics as act directly on the nerves, causing absorption through the capillaries, as quinine, iron, arsenic and the like. Arsenic and zinc ointments, while

serviceable in many instances, are so far from being specific for eczema that their use is injurious in many cases, while almost always other remedies either suffice alone, or greatly assist their action.

In reply to questions, Dr. B. remarked that he had used carbolic acid in one grain pills before breakfast, gradually increasing to four or five grains daily. He had not used carbolate of iron. He also mentioned that Dr. Geo. M. Beard, of New York, had used electricity with good effect, and should try it himself, and advised others to do so.

Dr. D. J. Farnsworth (Iowa) read a lengthy paper (for which thanks were voted, with the recommendation that it be published in the medical periodicals) on

Ammonia and its Therapeutical Applications.—After detailing its chemical composition, early history as a medicine, and its physiological action, [all of which are to be found in the usual text-books in much better form], Dr. F. mentions a case in which respiration was suspended during the administration of chloroform; he used hypodermically aqua ammoniæ gtt. iij. diluted with water. The patient at once rallied, and completely recovered.——In a case of bronchitis in a debilitated patient, an opiate had incautiously been given; the secretions were checked, and asphyxia seemed imminent. He injected under the skin aqua ammoniæ, gtt. v, diluted with water, ʒ i, with the immediate effect of arousing the circulation. A large quantity of mucus was discharged from the lungs, and the arterial color of the circulation returned. The patient recovered under two administrations of carbonate of ammonia and alcoholic stimulants.——In the case of a man who had taken, about 10 P. M., over an ounce of laudanum, to whom Dr. F. was called the next day 4 A. M., he found the extremities cold, respirations from 4 to 6 a minute, pulse full, lips livid, and consciousness could not be aroused. He injected aqua ammoniæ, gtt. iij, properly diluted, into the arm, with the effect of increasing the respiratiens and improving the color of the circulation. A second injection, with the use of other means, was followed by recovery.——In a case of shock from railroad injuries, with pulse hardly perceptible, and stomach so irritable that it would scarcely retain anything, inhalations of chloroform were alternated with those of ammonia. Anæsthesia was readily induced, and the crushed leg removed. Reaction soon followed, and the patient recovered.

In catarrhal lung diseases of children, Dr. F. relies chiefly on the carbonate. With due caution, opium (preferably Dover's powders) may be combined with it. Simple diarrhœa and cholera-infantum will also yield more readily to this combination than to other remedies—the ammonia acting as an antacid, and at the same time keeping up the bronchial secretion. Dr. Stierlin treated about 150 cases of catarrhal pneumonia in nurslings with the carbonate; he lost only seven cases, five of which were seen for the first time after atelectasis had occurred. If the patient is under eight months old, the ammonia is given alone from the first, sinapisms being also employed; but if older and stronger, an emetic is first given, then the patient is wrapped in a wet sheet, and ice is applied over the chest—the ammonia being given on the second day. Great alleviation of symptoms and decrease of fever immediately follow. In measles, varioloid, the latter stage of scarlatina, and in erysipelas, nothing affords so much relief as a mixture of the carbonate and Dover's powders—ipecac being substituted for the latter if the patient is very young. In adults, the muriate acts better, and is *preferable* in children with scarlatina.

Dr. A. Patton treated 309 cases of pneumonia (*Amer. Jour. Med. Sci.*, Oct. 1870.) with carbonate of ammonia, grs. v. to x, every two hours, and lost only 8. Dr. F. has adopted this treatment, with the addition of from two to five drops of saturated tincture of veratrum viride every three hours, with the happiest results.

The cure of whooping cough by taking patients to gas works, about which so much was said some years ago, was due to the free ammonia inhaled. However, this disease is self-limiting, and is more amenable to anti-spasmodics and nerve-sedatives, as the bromides—ammonium bromide being preferred to the potassium bromide.

A separate consideration of ammonium chloride (muriate of ammonia) is necessary, as it probably owes its medicinal virtues as much to chlorine as to ammonia. The chlorine gives it alterative properties, and modifies its expectorant qualities. Sunderlin, speaking of it, says: "It exerts a sedative influence on the system, diminishes the plasticity of the blood, and promotes glandular secretion and the absorption of fibrinous exudation." The more recent investigations of Booker tend to support this theory. Dr. F. is convinced, from repeated trials, that no medicine exerts so

beneficial an effect in chronic catarrhal and bronchial affections—one to ten grains giving the greatest relief. In simple pneumonia, he prefers the carbonate; but if complicated, he combines the muriate with it. In this disease, as also in bronchorrhœa, Dr H. C. Wood, Jr., has obtained more apparent good from the muriate than from any other remedy.

Inhalation of muriate of ammonia is most decidedly beneficial, and affords very speedy relief in asthma and bronchitis. A bottle containing muriatic acid is connected with a bottle having a tube and mouth-piece; a third bottle containing aqua ammonia is connected with this. Inhalation through the mouth-piece brings the gases from each bottle, which unite in the tube. This method has been successfully tried in aphonia from cold or catarrhal affections. Nasal catarrh is also benefited by this treatment.

As to the application of muriate of ammonia in nervous diseases, Dr. Anstie specifies them in the *Practitioner* (December, 1868): "Myalgia is speedily amenable to it in doses of grs. x to xx. Various neuralgias are speedily cured, such as migraine clavus hystericus and facial neuralgia. In intercostal neuralgia, especially in that form met with in nursing women or in phthisical patients, the remedy is of great value, frequently relieving the patient in half an hour. It may be used with advantage in the milder varieties of sciatica, which occur in young and debilitated patients, and in that somewhat obscure form of neuralgia termed hepatic." He thinks it is the most powerful of all functional restoratives of suspended secretions. He especially recommends it in those cases where the disease is produced by severe and exhausting mental excitement. He mentions several instances in which two or three doses of grs. xx. have caused a marked recommencement of suspended biliary secretions. He gives as a theory of its action that "it is a pure tonic stimulant to sensitive vaso-motor nerves." Dr. F. thinks in these cases it is the *stimulant* properties of the ammonia and the *alterative* properties of the chlorine which effect the good result.

Dr. Cholomdey followed Dr. Anstie with a paper confirming, from an experience of 15 years, its good effects. He has used it successfully in neuralgias of the fifth pair of nerves, facial neuralgia and hemicrania; nervous headaches such as occur in some patients after violent emotions, or strain of the nervous system; in sciatica and lumbago, and in the painful sequels of rheumatic fever. He further states it to be a powerful emmenagogue in amenorrhœa.

In cases of nervous and delicate women it may be advantageously combined with perchloride of iron. It is also beneficial in cases of dysmenorrhœa occurring in nervous or rheumatic patients, and in the various ailments that accompany the change of life in women.

Chloride of ammonium has long been used by German physician as a substitute for mercury. It is a decided and powerful excitant of the secretions of the liver. It is alterative and resolvent; according to Headland, a nerve sedative, a stimulant to the secretions and an eliminative medicine.

Dr. Budel found muriate of ammonia useful in scrofulous disease of the liver. In an extensive epidemic of jaundice which occurred in Dr. F.'s practice, he had excellent success with this agent. It was in every way preferable to mercurial treatment which was used by his neighbors. Under its influence the bowels became relaxed, and the secretions from the liver were established

In conclusion, he regards ammonia as a nervous stimulant when taken into the system, and being excreted by the lungs, stimulating the secretions of that organ and the bronchi, and producing a slight action on the skin. It is neutralized by the alkalies, unites with carbonic acid, and in the system exists as a carbonate. It is discharged in the form of a bicarbonate, taking the carbon from the blood. It is a typical expectorant, and one of the most valuable we possess. It may be used in all forms of bronchial diseases, and also in any disease complicated with bronchial obstructions, or where there is morbific matter of a volatile nature to be eliminated. From its transient character, it may be used in febrile states, as well as debilitated; in sthenic cases because it stimulates the nervous system and assists elimination.

It is sometimes misapplied in low forms of disease, where decomposition is taking place and ammonia is being generated in the system, as happens often just before death. "This is to be avoided by taking care not to confound *nervous force with vital force.* When there is a failure of *nerve force* it may be stimulated to action; *where there is a failure of vital energy no stimulant will serve to prolong life, for it cannot communicate fresh vital power.*"

The therapeutical indications for ammonia are where a transient nerve stimulant is required, as in syncope or shock; in cases of partial asphyxia from any cause; also, where we require a stimulant expectorant, in deficient or inspissated bronchial secretion, where there is insufficient force in the lungs and carbon-

ization of the blood, and where we wish to aid in the elimination of volatile poisons.

In chloride of ammonium, the indications are where we wish for expectorant and alterative properties, with less of exaltation of the nervous system, and where we require an increased action of the liver and a sedative and tonic effect on the nerves, its properties being probably due, in a great measure, to the chlorine.—*Extract from Am. Med. Association.— Virginia Medical Monthly*, July, 1874.

BROMIDE OF POTASSIUM AND CHLORAL HYDRATE IN THE PROPHYLAXIS OF CONVULSION.

BY C. H. HUGHES, M. D.

Remedies so potent as the bromide of potassium and chloral hydrate in controlling epileptic and asthmatic spasm, the paroxysms of maniacal excitement and hysteria, ought not to be ignored in the treatment of the convulsive affections of childhood. I have employed the bromide of potassium in the treatment of whooping cough and chorea, with satisfaction, but have only used it as a prophylactic in infantile convulsions.

I detail, briefly, an illustrative case which the practicing physician can duplicate in most of its features from his own experience.

Jan. 26th.—Edith W., aged nine months, a neighbor's daughter, began to throw her right hand up to the side of her head, became unusually restless and cried a great deal as if in pain. The mother suspected ear ache and procured an anodyne application. About midnight I saw the child in a convulsion, the exciting cause of which was one day's constipation. The warm bath, soap suppository in rectum, an emetic, cold to the head and irritation of spine, constituted the treatment during the paroxysm.

Remained with patient until morning when I gave two grs. hyd. chl. mit. with some prepared chalk and sugar, and repeated the dose in three hours.

Spent most of the 27th, 28th and 29th with the little patient, giving her four grain doses ter in die of bromide of potassium and three grains of chloral at night, on account of the persistent tendency to recurrence of the convulsion and disturbed sleep.

A small dose of castor oil was given on the 29th and 30th, and spt. æth. nit. on the 29th. Saw her on the 31st and on Feb. 2d.

This constituted essentially the whole treatment except sponging the surface, regulation of temperature and some minor direction from time to time suggested.

Could find no fault with the mother's milk, nor had the child eaten anything to cause intestinal irritation. The surroundings of the child were all favorable to health. The mother's mental state was cheerful. The child was not teething. To the slight constipation, therefore, may safely be attributed the excitation of the convulsion. This is the only fact to be borne in mind thus far.

On the 12th of February, I saw this same patient again in a violent paroxysm, the exciting cause at this time being a slightly swollen gum and the cutting of the first upper incisor. The gum was lanced deeply down to the tooth and had to be cut repeatedly before the tooth came through.

The same threatening symptoms as after the first paroxysm were repeated and a similar course pursued as during and after the first convulsion, my attention being quite constant during the 12th, 13th, 14th and 15th, visiting the patient once a day on the 16th, 17th and 18th. The tooth having made its appearance and no other source of irritation presenting, the patient was again considered safe, and treatment discontinued.

On the 26th, a slight looseness of bowels—three or four discharges. On the 27th, another convulsion, longer and more violent than the preceding ones, came on. The same violent threatenings of recurrence demanded my frequent and somewhat constant attention on February 28th, and March 1st and 2nd. No signs of teething at the accession or subsidence of the convulsion was manifest. The gums were neither red nor swollen after the cessations of the startings in sleep, the disappearance of the convulsive twitchings and all nervous sequelæ.

The antecedent history of this little patient is briefly this:
Her father has always been a nervous man and his nervous system has been over wrought by large responsibility, close attention and almost constant devotion to business. He is one of those earnest kind of men who feel the full weight of the responsibility he assumed, and with whom fealty to duty is paramount to everything else.

The child inherits from the father a tendency to nervous irritability which, however, had been somewhat atoned for by the

less nervous mother. At six weeks of age, this apparently healthy but frail organism received a violent shock from which perfect recovery never followed, in an attack of phlegmonous erysipelas following vaccination and lasting four or five weeks. The infant's sufferings were excruciating and constant. The medical attendants supposed the child could not live.

To the abnormally impressible nervous organism of this child may be attributed the facility with which convulsions were engendered.

The following prophylactic course was adopted:

℞ Potass. Bromid..... gr. iv.
Aq. Menth. Pip..... m. xx.
Syr. Simplicis..... m. xl.
M. Sig. Give three times a day.

℞ Quin. Sulph.....gr. ss.
Syr. Simplicis..... m. l.
Tr. Kino..... m. x.
M. Sig. One dose in forenoon and one dose in afternoon.

℞ Chl. Hydrat .....gr. iiij.
Syr. Simplicis,..... 3 i.
M. Sig. Once or twice during night in water, when sleepless or fretful.

A drachm of ol. ricini was directed pro re nata.

On the 5th of March this child had a piece of coal lodged in its throat which was removed shortly after it got there. On the 18th of same month it dislocated its wrist, on the 5th of March, also, it had some diarrhœa, but up to the present writing—June 10th—no convulsive symptoms have reappeared notwithstanding the patient now has eight teeth.

In this case the practical physician will observe that the eccentric cause of the convulsions, was scarcely sufficient to excite the paroxysms in children of ordinarily good organisms, even at the usually very impressible age of this patient, while the amount of probable irritation which the patient, withstood without the excitation of a convulsion—the cutting of seven teeth during March, April and May—was enough to morbidly disturb the nervous organization of most infants.

I am confident that the brain is rendered less impressible by this treatment. I have tried it in many forms of nervous disturbance in children, but in none derived more signal satisfaction than in this case.

Bromide of potassium and chloral judiciously used are undoubtedly our best remedies for tranquilizing the nervous system and maintaining the cerebral circulation in a condition favorable to natural and recuperative rest and sleep. Through the diminution of cerebral disintegration which they induce, they fortify the brain against irritation transmitted to it from without and lessen the susceptibility to spasmodic and convulsive causes:—the chloral for prompt action and the bromide for prolonged effect.—*St. Louis Medical and Surgical Journal*, August, 1874.

SULPHUROUS ACID IN THE TREATMENT OF TYPHOID FEVER.

BY W. T. BRANSTRUP, M. D.

In the spring of 1861, I was called to see a girl fourteen years old, who was and had been suffering with typhoid fever for the previous eighteen days. Her home was ten miles from my office. In riding this distance I very naturally gained all the information I could from my attendant. He said she had been under the care of two physicians, but up to the time he left, she continued to grow *worse* and *worse* and that they had no hope at all as the attending physician had given her up. But as some of my friends were anxious that I should see her, they had consented to have me brought, not that they expected any good from it only that it might in after days be a solace and comfort to think they had done all they could for their darling.

This condition of things was not, to say the least, very consoling to a medical man; having, however, in my previous years of practice learned to take the exaggerated statements of messengers with a large grain of allowance, I took some of his in this way and said: "we will see, it may not be as bad as he thinks."

Upon my arrival at the house, I was met by an eager and excited crowd, anxious to know my opinion, they saying "it is useless doctor, she is beyond all power but *God's*."

When I first beheld my patient, I felt they were right, but as my motto is and ever has been, *as long as there is life there is hope*, I proceeded at once to examine her condition and found it anything but flattering. The abdomen was tympanitic. The bowels were moving every fifteen minutes. Each passage containing more or

less blood—pulse 120, weak. Respiration about 30. The tongue was red at the edges with brown centre and dry as a chip. In a very feeble voice she asked if she might have a pickle. I looked again at the tongue and promptly answered yes. At my ardent request it was brought, and handed to me as an assistant would hand the axe to the headsman, looking upon it as a duty to the dying, believing it at the same time to be barbarous. I put it into her mouth, requesting her only to suck the acid from it. What few friends I had in that house upon my arrival, had left me, when I consented to aid and assist in a *suicide* as they termed it.

I did not consider at that time what Mrs. Grundy might, could or would have said if the girl had died, but I have many times since. Though they had no hope they would nevertheless have charged her death to me and the pickle, and as it would have been impossible for me to explain to their entire satisfaction the pathological condition, and the whys and wherefores of the acid, I would have ever after remained to their ignorant eyes, a quack and murderer. In a short time she had sucked the acid out of the pickle in my hand and like the renowned Oliver, cried for more. Another was called for and it followed its predecessor. Before she had exhausted the last one of its acid, I could see a change, I examined the pulse 110 and stronger, a drop of 10 beats in half an hour, "Glory to God in the highest, peace on earth, and good luck to a poor physician," I mentally said.

I at once made the following prescriptions:

℞ Sulphurous Acid.....3 ss.
Aqua, one goblet full.

Sig. A teaspoonful every fifteen minutes, for a time, then use as a drink afterwards. In addition, to give rest and aid in checking the bowels, I gave the following:

℞ Diaphoretic Powd.....grs. xxiv.
Fiant Chart. no. viij.
Sig. One every hour unless asleep.

She expressed herself as feeling better after two hours, and said the medicine in the glass was delicious; her bowels had only moved once in this time.

I remained with her during the night, bowels having moved only three times from the time she first began taking the medicine. I wish to say here that she was so very weak it was impossible to move her in the bed; cloths were used when her bowels moved, changing them after each evacuation. The appearance was much

better, very little or no blood, she had a much better night than for the previous ten nights. Pulse 100 and strong, tongue moist, all the symptoms were much more favorable.

Before I started home, I made enough of the acid mixture and powders to last until the next day, in case I could not get back, requesting them to let me know if she got any worse.

When I called the next day, I was met at the door with smiles and tears, I was at a loss to interpret the emotion of mother and father, until they both cried out, "Oh! how will we ever be able to pay you for saving our darling." What I said is of very little importance to the reader, enough to say I was extremely happy. When I saw her I was *surprised*, the improvement was even more than I had any right to expect. But she was far from well, and many days ran around before she was able to go out, yet she became strong and well. The only additional treatment used was a *quinine tonic.*

"Since this time, I have had many cases to treat of typhoid and typho-*malarial* fever, and I can say without egotism, they all became well—sulphurous acid was my main reliance. I have used it in all ages and conditions, meeting with that success that makes the heart of the physician glad.

From the time I first began the use of sulphurous acid until 1871, I never saw anything written on it for this disease, until July of the above mentioned year. I found an article from the pen of Dr. F. Wilkes Ashford, Kent, in *Braithwaite's Retrospect*, page 41.

His experience with this acid in this disease is so very similar to my own, that I fully indorse it, and advise those that may wish to be more fully satisfied, to read his article, believing it will be the means of saving many valuable lives.

This paper is written for the purpose of calling your attention to *sulph. acid* in the treatment of typhoid fever. To all those that desire a specific treatment for it, let me ask you to give this a trial, and believe me you will never regret it.—*The Archives*, July, 1873.

SPIRITS OF TURPENTINE IN PROTRACTED LABOR.

BY A. WADE, M. D., CHARLES CITY CO., VA.

On Friday evening,——, 1870, Mrs. A. gave birth to a healthy child. It was soon discovered by Dr. Roane, who was with her at

the time, that it was a case of twins. He waited patiently for the birth of the second child until the following morning, at which time I was requested to see the lady with him.

On my arrival, he reported the presentation natural, the pelvis of sufficient capacity, and the pains such as would warrant the expectation of an immediate delivery. There was no hemorrhage, no decided prostration or other reason why we should resort to artificial means. We consulted as to the propriety of turning; yet, as there was no immediate necessity, and as the violent uterine contractions rendered such an operation very difficult, it was postponed from time to time throughout the day. During this day (Saturday), the following night and Sunday morning, the pains continued without intermission with great violence. Ergot, and, perhaps, other remedies, were administered without relief. On Sunday morning I went to church, but returned about 2 o'clock. During the afternoon and the early part of Sunday night, the pains were of such violence as to create the apprehension of a rupture of the uterus.

At a late hour of this night (Sunday—it having been more than 48 hours since the birth of the first child—,) as the violent and propulsive pains continued, without any apparent result, I suggested to Dr. Roane the propriety of administering a full dose of spirits of turpentine with castor oil (two teaspoonfuls of the former and a tablespoonful of the latter). Having used the spirits of turpentine on former occasions with good results, this suggestion was made without any distinct view of its *modus operandi*. I had deemed its action similar to that of ergot and other remedies of that class. There was some delay in procuring the turpentine, as it was necessary to send to a neighboring house for it. This brought us to some late hour of the night, perhaps to 3 or 4 o'clock.

I had laid down for a little rest when the turpentine was brought, but it was immediately administered by Dr. Roane. The instantaneous result was a most decided borborygmus, and a displacement of a large volume of gas with which the bowels had been filled, and in a few minutes the expulsion of a living and healthy fœtus. The mother did well, and both of the children lived.

Of the agency of the turpentine in procuring this immediate result, there can be no doubt; yet the question arises. How did it act in effecting this end? This is a question of much importance.

Its intelligent and correct decision may guide us in its use. It has been often used, yet, I presume, in most cases empirically.

My object in directing the attention of the profession to this particular case is to furnish a guide by which it may be employed understandingly, or to point out at least the class of cases to which it is particularly adapted, and thus to indicate an agent by which many painful and protracted labors may be brought to a speedy termination. In this case the woman was strong, the pelvis was ample, the pains sufficient, the presentation natural, and yet there was great delay and no little risk of rupture of the uterus, among many other dangers incident to all protracted labors. My own opinion, based upon all the facts of this case, is decided. It is a well known and generally admitted fact that the abdominal muscles perform, at certain stages of labor, a most important part. They aid materially the uterine muscles in the expulsion of the fœtus. Nature, who never errs, would not employ the action of these muscles as she does but for some wise purpose. In this case, the presence of a large volume of gas, with which the bowels were filled, to some extent, by long continued distension, may have paralyzed these muscles; but I apprehend that the chief difficulty arose from the intervention of this gas. It was impossible to transmit through this gaseous medium the force that the abdominal muscles might otherwise have exerted. The power existed, but the difficulty was its transmission to the uterus. As soon as the gaseous medium was removed by the turpentine, the abdominal muscles were enabled to render that aid, which, in the economy of labor, is their normal and essential duty.

If my theory be right—and I think the facts of the case will scarcely allow two opinions—then we have found, not a new remedy, but that which is far more important, a fixed and well defined principle by which we may be guided in the use of an old remedy. Whenever this tympanites exists, I would advise the use of the turpentine.— *Virginia Medical Monthly*, July, 1874.

SCARLATINA.

BY R. CAMPBELL, M. D.

I have observed several articles in your paper of late, touching the use of belladonna in scarlatina, from the tenor of which the public would seem to be left in doubt as to its preventive powers.

I will relate to you the experience which I have had in the use of belladonna as a preventive in scarlatina.

Some twenty-five years ago, while in the practice of physic, I had the medical charge of a private, select school for boys, containing about one hundred scholars. At that time the scarlet fever began to prevail as an epidemic in this vicinity, of a very malignant type, and soon made its appearance in the school, eight cases having occurred within a few days. As the school was a private enterprise, fears were entertained that it would have to be suspended or broken up with severe loss to the proprietors. Feeling, on my part, a great anxiety for the welfare of the school, I suggested to the principal that it might be well to make use of the belladonna as a preventive. I showed him the authorities from the German physicians, and the high testimonials in its favor. A strong desire was expressed by the principal of the school that the belladonna be tried. I commenced the use of the remedy by dissolving four grains of the extract of belladonna in an ounce of cinnamon water. Twenty drops of this solution was given to the scholars daily, who ranged between the age of 12 and 15; and thirty drops were given to the adults connected with the school. In all, about 130 persons were connected with the establishment.

The use of this remedy was continued daily during the prevalence of the epidemic. The result was, that not a *single case* of scarlatina occurred among the inmates of the school, while the epidemic still continued to rage in the immediate vicinity. Should any one be incredulous of what I have related above, I would refer them to Professor Dewey, who was at that time the principal of the school, a gentlemen extensively known for his intelligence and scientific attainments. During the same epidemic I administered the belladonna to more than two hundred and fifty persons (mostly children) with the same satisfactory results, all having escaped the disease without a single exception that I could ascertain. In subsequent years, during the prevalence of scarlatina, I used the remedy with the same beneficial effects, with the exception of one season, when the remedy seemed to have no effect. The failure I attributed to having used an extract that was *inert and worthless.* Every practitioner of medicine knows full well, that the vegetable extracts, such as cicuta, stramonium and belladonna, prepared according to the old formulas and the use of sand baths, are good for nothing. The heat necessary to reduce them to a proper con-

sistence will, nine times out of ten, destroy all their medicinal properties.

It is satisfactory to know, that these extracts, as prepared by Messrs. Tilden at New Lebanon, *in vacuo*, by the use of a large air pump at a very low temperature, (not exceeding 100 degrees of Fahrenheit), may be relied upon. You may well suppose from what I have stated above, that I have the fullest confidence in the preventive powers of belladonna. I have given my experience with it, with the hope that others may be induced to try it.

I will add a few suggestions as to the manner in which the belladonna should be used. From the minuteness of the doses, it can only be administered in watery solution, if kept for any length of time in a room of ordinary temperature, will undergo fermentation and its properties be destroyed. Let the extract of belladonna be made into pills of four grains each, one pill to be dissolved in an ounce of pure water or cinnamon water. This solution should be kept in a cool place, to prevent its undergoing destructive fermentation. It would be much the better way, that a fresh solution be used every day, with little inconvenience. Infants may take two drops of this solution daily, and the dose increased one drop every year's age afterwards, thirty drops being the maximum for an adult.—*Pittsfield Sun*, August 12.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Necrosis from Phosphorus.

By W. S. Savory, F. R. C. S., F. R. S.—Mr. Savory showed the upper and lower jaw-bones from a case of necrosis from phosphorus, and gave an account of the case. Mr. Beirkett thought this was the first time in which the whole of the lower jaw had been replaced. He referred to the case of a young child whom he saw many years ago suffering from cancrum oris. A part of the lower jaw exfoliated and the lost part was reproduced; the patient did well, and was now about thirty years old, and had a useful lower jaw. The fact which he had ascertained from Mr. Savory, that sensation remained in that part of the face supplied by the nerve passing through the mental foramen, was interesting. In the case to which he had referred, sensation was as perfect as before, though t could scarcely be believed that a piece of the jaw extending

posteriorily to the mental foramen could be removed without injury to the nerve. Dr. Drysdale asked the cause of the patient's death; and if from the effects of phosphorus, what was the state of the viscera. Mr. Cooper Forster thought the case was worthy of a more detailed account. He asked how Mr. Savory had removed such large pieces of bone entire. The president asked if phosphorus-disease was as frequent now as formerly. About twenty-five years ago, he was engaged in an inquiry on this subject, and visited most of the match manufactories in the East-end of London. He found that the frequency of the disease was in direct proportion to the badness of the ventilation. In one manufactory where this was attended to, there was not one case. He remembered seeing one man who had himself removed his lower jaw by sawing it across in the middle. Mr. Savory said that the removal of the lower jaw was performed seven months after the first symptoms of mischief about the face. He divided the bone in the middle line, and each half was drawn out without force or hemorrhage. When the jaw was removed, there was no evidence of new bone; but a few weeks afterwards new bone was felt in the left angle. The boy was about eighteen, stunted, and appeared about fourteen; he was five feet high. He had been employed in Bryant and May's factory for five years. During the last two he had been employed in preparing the phosphorus paste, by heating over hot water phosphorus and gum, the mixture requiring to be kept constantly stirred. The following points were to be noticed: first, the extent of the necrosis, all the lower jaw and condyles, and both upper jaw and the adjacent bones, being involved; secondly, the very complete reproduction of the lower jaw in six months. On carefully examining the specimen, a normal periosteum was found in contact with the bone, so that probably it had been separated, and took part in the reforming of the bone. Then there were two teeth in the lower jaw, one of which was carious; all the teeth were in the upper jaw. The patient died of exhaustion from the great discharge.—*Dental Cosmos*, August, 1874.

Electrolysis Extraordinary.

A curious story comes from Whitehall, in this State. Three years ago General Kilpatrick had a remarkable operation performed upon him by a physician in New York, who removed a fleshy formation from the general's neck by filling it full of needles, and

then attaching a galvanic battery to it. Ten minutes after the current of electricity was let on, the bunch had entirely disappeared. A more extraordinary operation than this was, however, performed by a Whitehall physician a few days ago, if we are to believe the *Whitehall Times.* A gentleman who had been suffering from a superabundance of adipose tissue consulted the physician, asking for relief from its burden. The doctor told him he could relieve him if he would consent to a painful operation. The gentleman consented, and with the medical practitioner entered the telegraph office at that place. The fat man was requested to remove his coat and vest, after which the physician surrounded him with wires, attaching the ends to a powerful battery. At a signal from the doctor, Manager Eddy let on the current. The patient writhed and twisted when he felt the current passing around him; still he stood like a martyr. Presently he began to shrink; he grew smaller and smaller; his clothing hung in bags about his fast diminishing form; the doctor felt much pleased at the result of his experiment; while the formerly fat man's joy was very great, although he seemed to be suffering acute pain. All of a sudden there was heard a loud clicking at the instrument, as if Pandemonium's great hall were let loose. The operator sprang quickly to answer the call. He ascertained it was from the New York office. He quickly asked, "What's up?" An answer came back as if some infuriated demon was at the other end of the wire. "What in thunder are you about? Cut off your wires quick—you are filling the New York office with soap grease."—*Medical Record,* July, 1874.

Resuscitation after Thirteen and a Half Minutes Apparent Death.

At a meeting of the College of Physicians and Surgeons (N. Y.) March 11th, Dr. Lewis A. Sayre exhibited a string of beads, one of which he had taken from the trachea of a child, seven years of age, living in New Jersey. On the 11th of February he re-removed the bead which had been swallowed four days previously. She had a continuous, anxious cough, and complained of a great deal of pain under the middle of the sternum. Whenever she coughed the bead would pass up and down the trachea, and you could hear it as it struck up against the glottis. She was relieved by tracheotomy, which was performed by making a free incision in the median line and severing the tracheal rings. She coughed out the bead, gave one inspiration, and died. The incision was

opened thoroughly, and artificial respiration was established, being kept up thirteen and a half minutes before any voluntary respiratory movements on the part of the patient were observed. Alcohol was injected into the rectum, and the galvanic current into the phrenic nerve. It was nearly half an hour afterward that she finally gave a cough, and a large piece of inspissated mucus appeared in the opening of the larynx which had formed an overcoat to the bead, which was immediately seized and pulled out. I suppose the overcoat fell off from the bead and plugged up the bronchus, which was the cause of the sudden relapse. She immediately rallied, and then had no further trouble.

The point of interest is the fact of respiration being established while the tracheal incision was open, and it is a question whether we might not perform tracheotomy with advantage in cases of drowning and like accidents.— *Virginia Medical Monthly*, May, 1874.

Gelseminum in Odontalgia.

I desire to draw attention to the value of Gelseminum sempervirens in the treatment of some forms of odontalgia. Since reading Dr. Wickham Legg's paper, published in May last, advocating the employment of the drug in cases of odontalgia, I have frequently used the remedy for the relief of toothache and some allied affections among my out-patients. Gelseminum, commonly called the yellow jasmine, is not very generally known to English practitioners, although it has been largely used in medicine for some years in the United States. The drug seems to act mainly upon the nervous system, impairing the sensibility of the sensory nerves. American pharmacists prepare a liquid extract; the dose of the powdered root is from one to two grains. I have used a tincture made from two ounces of coarsely-powdered gelseminum-root macerated in a pint of rectified spirit. In hospital out-patient practice, we meet with a large number of cases of neuralgic pains in the face and jaws, associated with carious teeth, but unconnected with any evident local inflammatory changes. The patients are frequently badly-nourished women. In such cases I have given the tincture of gelseminum in doses of fifteen minims every six hours in an ounce of dill-water. Out of about twenty cases, I do not think the use of the remedy has failed to be followed by decided and lasting relief in more than three or four instances. The pain did not usually disappear till after the third

or fourth dose. I have seen enough of the employment of gelseminum to feel sure that more extended experience and careful investigation of its action will establish the drug as a valuable addition to our materia medica.—*Dental Cosmos*, August, 1874.

Treatment of Chloroform Asphyxiation.

Dr. Campbell, of Paris, recommends, in a late number of the *Journal de Therapeutique*, to place persons threatened with death from inhalations of chloroform head downwards and feet upwards for between ten and fifteen minutes. He considers that death arises through syncope due to cerebral congestion. The usual efforts at mechanical breathing, excitement of respiratory nerves, the drawing out of the tongue, insufflation into the lungs, etc., may be had recourse to concurrently. Dr. Campbell mentions only one case where this method succeeded. It was suggested by Nélaton during an operation performed at Paris by Marion Sims. It would appear that the late Professor Nélaton was the first surgeon who introduced this practice. The author also thinks that the inverted position tends to drive from the lungs and trachea pent-up vapors of chloroform, which were increasing the asphyxia. *Dental Cosmos*, August, 1874.

A Recent Prescription (?)

Should any of our readers use this prescription, we trust they will drop us a line, informing us of the result. We are almost tempted to recommend it in *suitable cases*:—"A druggist recently received the following prescription, with a request to make it up: 'Fur Kramps; Tinct. kamfire, one ounce; tinct. lodenum, a little; tinct. kyann pepper, two pen'worth; klourform, a little, but not much, as it is a dangerous medicine. Dose, half teaspoonful when the kramps come on.'"—*Virginia Medical Monthly*, May, 1874.

Typhoid Fever Treatment.

Dr. S. Skinner, in *Braithwaite's Retrospect*, recommends the use of sulpho-carbolate of sodium, as follows: Give 20 grains every four hours to an adult and gradually increase during the next few days to 30 grains. Beyond this you may produce cerebral symptoms. Children require much smaller doses, and may have very small doses of Batley's liq. opii. red. to assist in checking diarrhœa. If possible, give remedy during period of incubation.

Bromide of Potassium in Dental Irritation.

Bromide of Potassium in cases of dental irritation in infancy is so salutary in its effects that the gum-lancet need scarcely ever be resorted to. It should be administered in doses proportionate to the age of the child, and repeated according to circumstances. The remedy is of service in the treatment of all local diseases except gastro-intestinal irritation and renal disease, where convulsions are threatening.—*Dental Cosmos*, August, 1874.

Editorial.

Caries of the Vertebræ.

BY IRA D. BROWN, M. D., WEEDSPORT, N Y., AUGUST, 1874.

It has fallen to the lot of the writer hereof, to treat many diseases of the osseous system—somewhat more, I think, than is common among physicians in general practice. Such cases, usually require, as we have been taught, the use of the iodides of potassium and iron. The first of these remedies, from its extreme liability to create gastric disturbance, often does infinitely more harm than good. Many patients cannot tolerate the remedy at all; in others, it seems to almost destroy the appetite, impair digestion and debilitate the patient; still others, (and according to my experience the smallest number) can get along nicely with the remedy, particularly if administered in connection with some of the bitter tonics. The latter are the only patients who seem to derive the full benefit from the alterative.

The officinal Syrup Ferri Iodidi, I long since banished from my pharmacopœia, for not one patient in ten, (according to my experience) receives any benefit from it, that is not more than overbalanced by the nausea and irritability of the stomach it creates.

I have found the iodide of sodium somewhat less objectionable, and have been in the habit, in strumous cases, of prescribing the following in teaspoonful doses: ℞ Sodium Iodide ʒ ii. Ferri Citratis ʒ j. Aqua Cinnam. ʒ iv.

I have found that this combination gives all the alterative effect of iodide of iron, with but little of its bad effects upon the stomach. It may be laid down as an axiom in the treatment of all kinds of scrofulous cases, that any medication which impairs digestion will produce no good results; and, very probably, will do infinite harm. *Such patients must have all the powers of digestion and assimilation, unimpaired and vigorous, or nature cannot repair damages!* It has seemed to me that this fact is often lost sight of by regular practitioners, as well as by the empirics, and that the well intended zeal with which alteratives are resorted to, defeats itself, until the stomach is attended to, which ninety-nine times in a hundred

is the chief sinner in creating the departure from a healthy standard. Give me a patient whose stomach will digest and assimilate plenty of nutritious food, and I will make fight with any disturbing agency that may be present, with good hopes of winning the victory. I have been almost unconsciously led into these general remarks, when I intended merely to give the results of my experience with the Iodo-Bromide of Calcium Compound, prepared by Messrs. TILDEN & Co., particularly in reference to a case of caries of the vertebræ, which seems to deserve some notice, and I will proceed at once to the case in hand.

Was called March 24th, to see Mrs. M., aged 39, mother of three children, youngest being five years of age. Found her suffering great pain in the lumbar and sacral regions, extending down the limbs; unable to lie on either side, because, as she said, it seemed "as though her back and hips were breaking;" could only lie on a soft pillow on her back; pulse 140; tongue coated with white fur. Ascertained on inquiry, that several of her family had been scrofulous; one brother had been afflicted with necrosis of the femur, and was a cripple for fifteen years. On examination found great tenderness over the fourth and fifth lumbar vertebræ, together with a decided bulging out of the bodies of the vertebræ, as though they were enlarged and spongy. Patient said she had noticed a swelling in that region recently, and for some time previous had been unable to sit down in a chair suddenly without experiencing great pain and sometimes faintness. From these and other symptoms, it was easy enough to diagnose a case of caries of the vertebræ in its acute or incipient stage.

The patient was treated anti-phlogistically for a few days, with a view of reducing the active inflammation. Saline cathartics were administered, and a mixture of 8pts. Mindereri and 8pts. Ether Nitrosi, containing in each dose two drops of TILDEN'S Fluid Extract of Aconite, was ordered every two or three hours; anodynes were also freely administered and the spine was covered with Belladonna Ointment.

These and similar measures were continued for about ten days, by which time the acute symptoms had measurably subsided; the pulse was reduced to 100, but there was much swelling over the vertebræ, the skin being red and shining.

At this time the patient was placed upon the Elixir Iodo-Bromide of Calcium Compound, in teaspoonful doses, it being evident at the time that sinuses were about to open from the diseased spine, which occurred two or three days later. Pus containing minute scales from the carious portion of the bone was discharged in considerable quantities.

It has been my habit, in treating any case involving defects of the osseous system, to administer the hypophosphites of lime and soda, which I consider the only practicable way of giving phosphorus in an assimilable form. But I never supposed these salts, highly as I value them, equal to the cure of a case of caries of the spine. I gave them, however, in connection with the Iodo-Bromide Calcium Comp., for ten days or more, at which time the

symptoms looked more favorable. There was less swelling; the appetite was improved, but the pain was so severe as to require powerful anodynes at night, which were given sometimes by the stomach, and sometimes hypodermically, as I was able, the patient residing some distance from my office; the pulse still remained above 90.

At this time, I discontinued the hypophosphites, and gave my patient the following: ℞ Elixir Iodo-Bromide Calcium Comp. Vin. Pruni Virginianæ et Ferri (TILDEN's) *aa* ℥ iv. Mix. Two teaspoonfuls after each meal.

Aside from some anodynes, and an occasional mild laxative, no other medicine was used, and the case progressed favorably till I was able to discontinue my visits about the first of May, the patient continuing the remedy, however, till the end of June. She is now in better health than she has been for years, appetite and digestion vigorous, and able to walk or ride without pain or difficulty. On making a careful examination of the spine, the last time I saw her, I could not detect any unusual prominence, and nothing remained of the original disease, save a cicatrix where the sinus had existed. The only trace of the malady existing is the fact that if she sits down with great violence upon a chair, suffering her whole weight to drop as it were, there is some pain and tenderness, but nothing like that which she suffered originally.

I ascribe my success in this case mainly to the Iodo-Bromide of Calcium Compound, which I cannot regard in any other light than as a most valuable acquisition to the Materia Medica. It does not cause gastric disturbance, as other iodides do, and since its introduction I have had occasion to use no other preparation of iodine internally. In rheumatism, I have found it a most valuable remedy, and by its aid have been able to completely cure bad cases of chronic rheumatism, which had resisted almost every kind of treatment for months, and even years. Messrs. TILDEN & Co., have earned the cordial thanks of the Medical Profession for giving us this valuable combination.

Treatment of Erysipelas.

BY JAS. C. KROESSEN, M. D., COLUMBUS, O.

EDITORS JOURNAL MATERIA MEDICA:

Having noticed several communications in your Journal, and in similar publications, on the treatment of erysipelas, I venture to give you a few ideas of mine in regard to the treatment of that disease.

Within the last few years, quite a number of erysipelatous cases of the different types has fallen under my observation, both the cutaneous and cellulo-cutaneous forms; but principally the former.

In those cases of a sthenic character, a slight variation from the usual treatment is given, such as a mild emetic combined with active purgation. But in almost all cases I have so far been obliged to vary but very little in the course of treatment pursued.

The constitutional treatment is, to administer a dose of Podophyllin and Belladonna, or one-half grain of Hydr. Chlor.Mit., thoroughly triturated with one-half dram of Sugar. Follow this in a short time with a dose of Rochelle salt, Citrate of Magnesia or Seidlitz powder, until the evacuations from the bowels prove satisfactory. After throwing forward this advance-guard, I simply bring forward the main body. The Tinct. of the Chloride of Iron administered in doses of 15 to 30 drops every 1, 2 or 3 hours, according to the case. The Tinct. is usually given in a simple solution of water.

In asthenic cases, after the violence of the disease has abated, I find it useful to prescribe Elix. Gentian, Iron and Quinine, in frequent doses. The usual variety of disturbing symptoms that accompany the disease, such as restlessness, delirium, irritable stomach, &c., are treated as they appear, with remedies indicated.

The local application used, after having tried almost all, if not all those recommended by the various text books and authors of the day, is collodion. The preparation is applied with a good sized camel's hair pencil, rapidly over the parts affected. I found this to succeed where the local application of Nit. of Silver and Tinct. Chlor. of Iron has failed.

The above remedies, in conjunction with hygienic and dietetic measures usually pursued, and insisted upon in all cases, have so far proved exceedingly satisfactory in the practice of a number of my fellow practitioners, as well as in my own.

Elixir Iodo-Bromide of Calcium Compound.

Scrofula—Otorrhœa.

Extract from letter of C. B. NORRIS, M. D.—St. Joseph, Mo., August 14, '74.—"I find the Elixir Iodo-Bromide Calcium Comp., the best preparation I have ever used for scrofula. Up to a few years ago I treated otorrhœa from six to twelve months before I effected a cure—in the meantime trying everything recommended for that disease, with often but little benefit. Now I do and will *guarantee in every case* of otorrhœa, no matter of how long standing, a perfect cure in ten days by the use of the Solution of Iodo-Bromide Calcium Comp., as a local application with the Elixir internally."

New York, 48 East 81st St., August 12, 1874.

Exostosis of Ulna.

My Dear Sir:—With pleasure I enclose a letter from a clergyman who was sent from South America to this country to be cured of what they called white swelling. He was seen by the best Surgeons of New Orleans and Philadelphia and New York, but continued to grow worse. He was sent to the St. Elizabeth Hospital. Diagnosis made, Exostosis of Ulna, and he was placed under Elixir Iodo. Yours, &c. O. S. PAINE. M. D.

My Dear Doctor:—I enclose you a little statement of my condition. Permit me to offer you my most hearty thanks for your kindness towards me. God bless you. JAS. DE LAKE.

Passionist Monastery. West Hoboken, August 16, 1874.

I have been suffering for these last eight months from a swelling around my wrist. It appeared almost suddenly, and every kind of linimeat was applied. Internally I used Cod Liver Oil Tincture of Iron and other remedies, but to no effect. The best Doctors of New Orleans, Philadelphia and New York, have tried many things but with little success. Some pronounced it a kind of white swelling, other inflammatory rheumatism, &c. I could not use my hand either in writing or eating, and have been so much improved I am, as you will see, able to write; the swelling is gradually subsiding and strength is returning.

It is a debt of justice and gratitude I owe you my dear Doctor, that you so appropriately made selection of such scientific combination as the Elixir Iodo-Bromide of Calcium Comp. I have used one bottle internally, and three externally. JAS. DE LAKE.

Gonorrhœa.

Extract from letter of C. S. LACY, M. D., Macedon, Wayne Co., N. Y., August 16, 1874.—"I have used the Bromo-Chloralum as an injection in Gonorrhœa and can say that it surpasses anything that I have ever tried—It meets every indication and may be relied upon in all cases."

Tilden & Co's Preparations.

A leading practitioner in Cincinnati, O. writes to us as follows—"I do not believe it possible for any physician to teach the true science of life or to practice the art which the science teaches except he has TILDEN & Co's., preparations where he can put his hand on them.

We have received a copy of the first number of the *Pshychological and Medico-Legal Journal*, conducted by WILLIAM HAMMOND, M. D., T. M. B. CROSS, M. D., assistant. Published by F. W. CHRISTERN, 77 University Place, New York. Subscription price $5.00 a year, single numbers 30 cts. This number contains a lengthy and very able address, by WILLIAM A. HAMMOND, M. D., on "The Effects of Alcohol upon the Nervous System," being the inaugural address on the occasion of his assuming the Presidency of the New York Neurological Society; also, remarks on the above address, by Dr. F. D. LENTE, Dr. WILLARD PARKER, Dr. J. C. PETERS, and Dr. M. CLYMER.

☞Correspondents will oblige us by writing plainly their *names, Town County and State.* We are frequently unable to answer letters because these are omitted.

THE

Journal of Materia Medica

DEVOTED TO

Materia Medica, Pharmacy and Chemistry.

Vol. 13.] SEPTEMBER, 1874. [No. 9.

Communications.

CONDITIONS OF THE CONFLICT. (CONTINUED.)

BY ALEXANDER HUTCHINS, M. D.

The truth then is before us, that there is need of a Science of Medicine on which to found the Art.

What is the Science on which the Art of Medicine is founded? Medical science is classified knowledge of the structure and functions of the human body, of its laws of growth and decay, of the influences that affect its integrity, and the laws by which they operate.

The element of interference is involved in the etymology of the adjective that defines the science. Medical, *medicus*, the healer, from Medeor, to heal, cure, apply remedies, and this from the ante-Homeric *medouai*, to provide for, to attend to. *Active interference for purposes of repair is the etymological genius of the Science.* The study is inspired by the intent to affect processes by medicines, by agents, by any means whatsoever. The intent to affect is its distinctive character.

It is included in that department of Natural History known as Zoölogy, in its investigation of structure, function and habits. It assumes a foothold for itself as an independent Science, when

that plane of investigation is reached where order is studied for purposes of interference and protection.

In common with all other Sciences, it seeks to establish general principles through the relation of facts. Observation and deduction are the conditions of its growth. Alone of the Sciences it seeks to provide for the restoration of order.

All other Sciences are tributary to it, not for study of similarity and correlation of law, but as their *results* can be turned to account in the purposes it proposes.

Let us state the problem in another form. There is a physical structure of the human body, its several components working according to certain laws, the purport of which is called *function;* there is a tendency to the exhaustion of these energies, the combination of which is called *life*, and, as a practical fact, the conception of that ideal relation defies statement, for external influences, in myriad form, are working to impair the balance of function. To preserve or restore this balance is the need. The accumulated knowledge which is required to satisfy this need, systematically arranged, is Medical Science.

It is contended that there can be no Science when the mutations are so rapid, and extinction so sure. Of course, this begs the whole question, for if general Science has developed anything it has authoritatively pronounced the universality of change and tendency to extinction of present modes of being. The objection is resolved into one of degree. It is complex because it draws from so many sources to promote its ends. "Medicine," says WHEWELL, "in its original and comprehensive sense, as one of the great divisions of human culture, must be considered as taking in the whole of physical Science." The complexity is increased, not because the relations are more occult than other organisms, but because the element of repair enters in. The objection fades before the fact that, as a Science, its theories are put at once to the crucial test. The Science and the Art are in the same hands, and the Art must be prosecuted to procure the means to develop the Science. "It does not plant itself on the dogmas of authority, precedent or tradition. Its doctrines are based upon the eternal and immutable laws of Nature, and are estimated by high scientific standards. Precedent and authority carry no weight

here, except so far as they accord with the principles which science has proven, and has established as reliable guides * * * The *old* is valued only as it squares with the *new*. The *past* is estimated solely by the standard of the *present*."—(*Dunster.*)

There can be but one science of one subject. What facts are known relating to one subject must be related to each other. These accumulated facts with their relations, are the materials for the Science of that subject. If the conception of the unity of Medical Science has been adequately indicated, it must be conceded that Medical Science is something wider and more comprehensive than has heretofore been confessed, and the imperfect comprehension that has obtained has been an injustice to its dignity. Almost its entire literature has been in antagonism to this conception. Not only has the irrational severance of medical and surgical learning endowed each with the appellation of a distinct Science, but the parceling out is the genius of the day, and the Sciences of Medicine have become more and more numerous as industry has been applied to the development of more and more restricted departments. The unity is lost in the prominence of details. As truth has been wrought out, the tendency has been to divide and subdivide, instead of to generalize and unify.

The history of histological, anatomical, physiological and pathological studies is unique in the fact that they have been elaborated by medical men, not as side-issues and for intellectual gratification, but as directly essential to their need. Dissociation of them from the body of Medical Science is a denial of their history in the very face of fact. But it is a violation of intellectual honor to apply this fundamental knowledge to certain departments, and on the basis of operative procedure, to elevate these departments, into distinctive Sciences.

So far as I am aware, there are but three instances in the entire array of Medical journalism, where this unity is acknowledged by the titles of these journals: one in Europe, one in Asia, and one in America. "The Dublin Journal of Medical Science," "The Indian Annals of Medical Science," and "Half-yearly Compendium of Medical Science." Outside of these the changes are rung in every conceivable form on "Medical Sciences," "Medical," "Surgical," "Medico-Chirurgical," and the like.

But if there be this unity in the Science of Medicine, the moss-grown, ivy-covered wall between Medicine and Surgery, that has defied the ages, must crumble; and with its destruction there shall ensue a breaking down of all barriers, and over the ruins the stately Science of Medicine shall collect itself into the majesty of single-handed strength. If there be this unity, objection can be unqualifiedly made to the abuse of terms in ranking the departments of Medicine as separate Sciences. As sub-divisions of the great Science of Medicine, they are but Arts of Medicine, fulfilling certain functions in the application of that Science. The disposition of thought engendered by otherwise regarding them, is inimical to a clear comprehension of the unity of Medical Science. The sweeping away of these barriers will obliterate their fragmentary character and compress them into a body of learning. If further argument were needed, it would seem that the question could be put beyond cavil by taking into account the purpose for which Medical learning exists. The singleness of that purpose must unify the power that would effect it.

Except by exhaustive statement, it would be presumptuous to rehearse, before this learned body, the history progress, resources and acquisitions of Medical Science. In truth, this rehearsal would have but an incidental connection with my purpose. My aim has been solely to point out the fallacy and misconception through which the various form of medical heresy have warped public sentiment away from a proper understanding of the exact grounds on which legitimate medicine is based, and to furnish the radical argument which shall lead up to the education of the people in a comprehension of the well-grounded claims of Scientific Medicine.

It ought not, indeed it cannot, admit of question that where there is misconception in a matter of so great importance as the relation of the medical profession to the public whom it serves, that an attempt should be made by those most competent to clear up misunderstanding, and that this attempt should be adhered to until a satisfactory result is arrived at. Error is destructive always, and sows dragon-teeth broadcast to spring up armed men who shall assail truth with the sword. But on this issue the interests of civilization are intense and should be rightly informed, for after all it is the truth that men are seeking for; the professed skeptics

are but few. So, on the part of the profession, the duty is not less important. It cannot destroy error by ridicule, and, if it stand still, without raising a hand in its own defense, it must suffer. "When bad men combine," says BURKE, "the good must associate, else they will fall, one by one, an unpitied sacrifice, in a contemptible struggle."

It is easy to see how the unrest of the profession should increase in the face of the triumph of medical heresy, and it is not difficult to forecast how probably, in view of the dependence of the Arts of Medicine on popular favor, disaffection might grow and the legitimate Arts of Medicine be sacrificed to the emergencies of life. It is then, of the utmost importance, for the preservation of its own integrity, that the profession should be alive to the demands of the age, and secure itself beyond peradventure of inroad by bringing the public mind, face to face, with the catholicity, the stupendous progress, the multiform investigation and acknowledged achievements of Medical Science.

Do not misunderstand me for an instant. I make no complaint touching the position of medical men as individuals in their greater or less success. As things run, men get their deserts in this world. There is nothing so successful as success, in which is involved the truth that opportunities must not only be improved, they must be created. The unsuccessful man, concious of some power that ought to lead to results, must reckon himself deficient in some qualities whereby that power can be utilized. Men are ordinarily ambitious of their own fortune, and if there be one who feels that there is an inadequate recognition of his merits, he must call himself to account for his failure. It is discreditable to depreciate any success honorably achieved, and while everything is fair in love and war, the *savoir faire*, no matter where applied, conditions the royal road. He who sits down to await the advent of fame, will be found sitting when his last trump summons him into obscurity. All the latent energies in the universe are worthless till called into action. And the application is pertinent. We are conscious of so much power which is our common acquisition, that jealousy will crop out at times, and the airy forms of slander will, to our honor, be it said, rarely, attack fair fame. Medical men must meet the world as men meet it everywhere. Each can, by the force of his own character, gain

for himself a respect independent of his calling. But the Science which the profession has elaborated, and from which it draws its resources, it must maintain. The very structure of our Science defies its prostration before mere purposes of gain; but it has rights which truth gives it, and which, for truth's sake, must be maintained. It must be set on the hill-top that all may see it, before its power can be recognized.

It will certainly hold good in the opinion of medical men, that the statement of JOHNSON, above quoted, is not temperate; and it is difficult to understand how the statement could have been deliberately made. Such wholesale assertions are pretty generally ill-judged, and this is no exception to the rule. The statement is smart and spacious, but incorrect. It does not aver that drugs are altogether worthless for good and invariably do harm, but it asserts that if they could be banished, men would be better off. But the fact is that they are *here*, and the fact is they are *useful*. It avers also that as they are abused, they ought not to be used at all. It is difficult to seriously discuss a reform that would abolish things because things can be abused. Then should Mr. BERGH say that, as cruelty to horses not only damages the horse, but degrades the moral sense of the driver, therefore horses should be abolished. Now horses are a definite quantity, and could be swept from existence, if men should so agree; but nothing short of a general annihilation of things could abolish drugs. Now some men know, and most everybody believes, that drugs are useful, and it is highly probable that the premature pippin has driven the objector himself, at some time, to his paregoric. Of course he should have ascertained the maturity of his pippin, but then accidents will happen, and drugs will repair damages. Excess is a contingent of all growth: no vice, no virtue; no right, no wrong. Wisdom shows itself in the proper use of things; unwisdom, which is either recklessness or ignorance, declares itself in their abuse. There is no moral character in things, and the moral character of the individual is not affected, one way or another, by things which are at rest. So as long as drugs are in the world, and a proper education can turn them to some useful account, it is a trifle foolhardy to assert that education were better stifled, because those who do not and cannot possess it, damage themselves by drugs.

But the statement avers that Physicians sometimes make mistakes. I do not pretend to deny it. Fatalities not unfrequently occur from ignorance or carelessness, which bring reproach on the profession. But, in a majority of instances, it may safely be asserted that such errors will be found to have their source in the inadequacy of preparation, which may be objected against most all professions, or in other causes inseparable from human imperfection.

Certainly if medical men and Medical Science are to be thus adjudged to indiscriminate slaughter, it is time some one should arouse out of slumber. For the more general a belief in the correctness of such statements, the greater the indignities that would be heaped on the mass of men whose lives are pledged to its support, and the more widespread the disaffection from their ranks.

On the other hand, if Medical Science was held in adequate esteem, confessedly, it would be authority in its own department, and its votaries would be inspired to greater efforts to elevate its rank, and though subject ever to criticism in the exercise of their calling, that criticism would be on a higher plane, and would not trench, in any degree equal to the present, on the dignity and self-respect of the individual. The science itself would protect the scientific body.

With this confession of the authority of Medical Science, would slink into oblivion the pestelential host of nostrums, not sooner than the distortions, untruthfulness, ignorance and dishonesty of the pseudo-schools of medicine which prey on the prejudices and fears of men; or if ignorance and credulity must exist, so long as the world stands, these corruptions of the truth would be driven to their boon companionship, excluded from corrupting intelligence.

And, still further, the dignity of Medical Science, once recognized, would give authority to its mission as guardian of the public safety, and individual intelligence would be better placed in the following of advice as to its own interests.

How is the estimate to be enforced? Granting that there should be a unanimous concession as to the necessity of bringing Medical Science prominently to the front, so that its claim to be ranked among the Sciences could be made good in the popular estimation, and so that it should receive the homage of respect to which, as

a Science of the first rank, it is entitled, difficulties without number marshal themselves forward to contest the wisdom of the several modes by which the scheme could be carried into effect. It is impossible to reject or gloss over these difficulties. In the first place, the scheme itself is revolutionary. From remoter periods than when the Priests of Isis held the prerogative of medical mysteries, and dealt them out for oboli and drachmæ, up through the Dark Ages of Rosicrucian Arts, Necromancy and the Witch's Caldron, even to these better days, the serenity of medical learning has held itself aloof, in self-contemplating and dictatorial dignity, from the vain and babbling world. And this self-imposed dignity, if it has provoked the sneer of heresy, was well-grounded in one fact at least, that there were mysteries, and that these mysteries could not be trifled with with impunity, and on them impious and unhallowed hands should not be laid. But I protest now, as the argument I have thus far endeavored to make good is naught if not a protest, against this confusion of Medical Arts with Medical Science. The Arts require tools, and demand a special education for their use; but the principles on which these Arts are based, are eternal truths, and are, therefore, the property of mankind, as they are its heritage.

(TO BE CONTINUED)

THE MUTUAL RELATIONS OF DRUGGISTS AND PHYSICIANS.

By Dr. CHARLES E. BUCKINGHAM, Professor of Midwifery and Medical Jurisprudence in the Medical Department of Harvard University.—From *Boston Medical and Surgical Journal*, for May, 1874.

There are relations between our professions which it is worth while to call attention to. It has been the case, sometimes, that the pharmaceutist and the physician have run in opposition to each other. This should not be. Every man has his preference for individual members of any trade and of any profession with which he has dealings. But you have no right to turn my patients into the hands of any other medical man who chooses to send his prescriptions to you. I have no right to require my patients to buy drugs at any other store than that which they are accustomed

to deal at, because he who keeps it is one who patronizes me. The physician who keeps a private remedy at a particular shop, which can be put up only on his order, and which no other druggist can understand, is a quack who has violated his word of honor. If you furnish drugs which I know to be inferior, because they cost you less than drugs of the first quality, that alters the case. Meanness is criminal wherever it exists, and should be punished.

"Let us have a case or two from either side of the sheet. A medical man wrote a prescription for some morphia in pills. The size of the pills was excessive, and nothing upon the prescription indicated that there was any unusual call for what to most people would have been a fatally poisonous dose. There were no written directions, as there should be upon every prescription. The druggist very kindly said to the bearer of the prescription that he would prepare the medicine and send it to the house. He tried for several hours to find the writer, and at last caught him at the dinner table, was kept waiting for a time, and was finally informed by the doctor that he never made mistakes, and that the prescription meant what it said. Of course, the druggist returned to his shop, and while engaged in preparing the pills, a messenger from the same patient came with another prescription. It seems that, without waiting to see his office patients, the doctor, on finding that he had made a blunder, too proud to acknowledge it and thank his informer for saving his patient, had hurried to the patient's bed-side, changed his prescription as the result of new thought, received the thanks of the family for his attention, and repaid the apothecary with meanness, for an act of kindness which prevented a coroner's jury.

"I was knowing to the fact, that a physician once advised some medicine to be thrown away because it did not come from A's shop, at which he traded, and no one in Boston knew so well as A how to prepare it. It had been purchased at B's shop. I also knew that B made all of that particular preparation which A sold. The bottle was refilled from the same fountain and pronounced to be all right. The first was a case of meanness. Meanness and ignorance combined formed the second, and both of them were deserving of punishment. I have known the same physician to change the form of a prescription, given on emergency by another who had been called in his place, simply that none but himself should have the credit of giving relief.

"I care nothing who the physician may be, nor who the druggist. The physician has no right to interfere, except upon stronger ground than mere acquaintance or personal preference, or even family connection. Least of all has he the right to decry the druggist's medicine, unless he has good reason to believe it to be of inferior quality. You know, and the public should know, how much medicines vary in quality, and that the price and quality go together. It will be no credit to any of you, if you sell medicine at retail for less money than your neighbor buys it for at wholesale. Take some of the common articles, which families keep on hand, and see the difference in cost; sugar of lead from fifteen to fifty cents a pound; sweet spirits of nitre from twenty-five to seventy cents; powdered rhubarb from twenty cents to two dollars; Hoffmann's anodyne from thirty cents to one dollar and seventy-five cents; arrowroot from ten to fifty cents; and other articles used solely in prescriptions at equally varying prices.

"Another picture of the way in which meanness can be shown, and in which its dangers might be shown, is in the substitution of drugs. There are shops at which you can find anything you may ask for, even if it is not in the shop. Some years ago, having just risen from a sick-bed, being taken with vertigo in the street, I stepped into a drug-store, where I was not known, and took a seat. Not wishing to intrude without making payment, I asked for a chemical preparation; was told that they had it, and, after a long hunting about, a package was made up for me and paid for. When I got home, I tested it, and found it to be an entirely different article from that asked for, and sent it back, with my compliments to the one who put it up. I never had any notice of its being received. A short time after this, I wrote a prescription for four pills, which were made and taken. It was thought best to renew them, by the number on the box. The messenger, by mistake, took the box to that same shop. Eight pills were put up in place of four, and an active cathartic would have been taken in place of a narcotic, if the patient had not seen the box and its contents before the pill was put in some jelly for him to take.

"Twice within a few weeks I have had sugar-coated quinine pills, made by machinery, sent to patients in place of pills of quinine and hyoscyamus, as directed.

"It is the duty of the physician to write his prescription plainly, and to put his directions for use upon the paper. It is the

druggist's duty to put up the medicine precisely as directed, or not to put it up at all. If there be anything directed which he has not, the druggist has no right to substitute anything else without consultation with the prescriber; and this, whether the articles be inert or active, whether they be costly or cheap. You have no right to think that a sulphate or an acetate will answer the purpose as well as a muriate. You have no right to add more acid to a mixture than is directed, even if it be necessary to make a perfect solution; and even in so slight a matter as an excipient, you violate your duty if you make the simple substitution of one dry powder for another, or one mucilage for another. If the mixture be vile in its appearance, absurd in its composition, a liquid when the ignorant prescriber thought it would be dry, that is a blunder which it is not your business to correct. You might, in courtesy, notify him of the fact, but you have no right to change the mixture. You do not know, and cannot know why a particular article is prescribed. This peculiar fault, peculiar impudence, if you please, is so common at one very popular drug-store in this city, that for a couple of years past I have invariably cautioned patients not to have my prescriptions put up there.

"Neither has the druggist the right to suggest to the purchaser that the dose prescribed is too large or too small. Within a very short time, a timid, nervous young lady, suffering from hemorrhage from the lungs, and being miles from her physician who had sent the prescription, accompanied with written directions for its use and his name appended to it, was frightened into long and dangerous neglect of herself by a druggist, who informed her that fluid extract of ergot, the best article known to-day for the prevention of hemorrhage, is a slow poison and dangerous to use.

"On the other hand, I contend that physicians have no right to prescribe unusually large doses of so-called poisons without intimating, in some way, upon the prescription, that they are aware of what is written. Should I write for half a grain or larger doses of morphia, I consider it my duty to write upon the prescription that 'I have read over this prescription, and it is written as intended.' Should I write for a medicine not often used, and about which there might be a mistake made, it is my duty to write down its other name also, if it has one, that the druggist may be sure of the article written for. Chloride of mercury should never be abbreviated, so that its identity with chloral hydrate may be questioned; and croton-chloral should be so manifest upon the

prescription that croton oil should not be substituted for it, when repose is intended as its effect.

"With the best of care, every man is liable to make mistakes. Loss of sleep, or an attack of indigestion, either of these may make you or me commit an error. Under such circumstances, I have found it my duty and pleasure to thank the druggist's boy for bringing me a prescription to be completed.

"The wisest course for me is to keep a copy of every prescription that I write. Copying it makes me more likely to see an error. The proper course for you is to read over the prescription, and if it is to be copied, copy it then, before it is put up. The plan of delivering up the original to him who presents it is a bad plan. In case of doubt as to the author of an error, whether it be the writer or the compounder, the evidence of the original prescription should be in your hands for your protection. He who dispenses should have the writer's authority at hand for easy reference.

"There is one matter of interest to all of us, and to the public as well, which I am not sorry to have an opportunity to allude to. I refer to the habit which some druggists have of prescribing. 'Well,' say you, 'if a man calls on me to give a dose of medicine for diarrhœa, or constipation, or cough, or sore throat in a child, why should I not give it to him? Why is not my prescription as good as that of any old nurse, or any other neighbor who has strayed in?" It is exactly as good, and no better. The sore throat, of which you know nothing, may be the result of insufficient dress, or of almond candy. The diarrhœa may be the beginning of a typhoid fever, or from want of flannel drawers. The constipation may be owing to too little food, or approaching disease of the brain. All of them may be simply symptoms of dyspepsia. One dyspepsia may require an acid, another an alkali; one needs a dose of physic, another requires food; one wants out-of-door air, and another a warm bed. One needs to have the patient stop his head-work, and another would be benefited by any change from his present style of life. Cough may have its cause in the head, in the throat, in the lungs, in the stomach. The very medicine which you give, without knowledge of the particular patient, and how to examine him, may be the means of aggravating the disease.

"To say that this medicine is very simple, and if it does no good, cannot do harm, is one of the most common of mistakes. If no other harm is done by it, there may be serious loss of time. But what is a simple remedy? You, perhaps, will say 'tolu, ipecac,

castor-oil, salts, rhubarb.' Neither of these is so simple as morphia, or strychnia, or prussic acid. The simplicity of an article or of its combination has nothing to do with the usefulness or the hurtfulness of a medicine. If a man asks you for a compound cathartic pill, or for a dose of paregoric, that is all very well. I know of no reason for refusing him. If he asks you what the best cathartic for him is, or what would do his cough the most good, that is a very different matter. You know, and can know, nothing about it. If one man's meat is another's poison—and this is literally true—the parallel comparison will hold equally good concerning medicines.

"The effect of the same medicine upon different individuals is very remarkable. And this cannot be wondered at by those who have seen the effect of different articles of food. Some of us know that so pleasant a fruit as the strawberry will produce difficult respiration in some who eat it. The clam and the oyster have similar effects upon others; and I have known the eating of poultry to do the same. Even the passing near enough to inhale the odor from a wheel-barrow of lobsters, I have seen followed by asthmatic breathing, and an eruption which could not be distinguished from erysipelas. So an opiate stimulates one and depresses another.

"I have a case on my books, which is a fair but ludicrous illustration of the value of such prescriptions as are 'simple and can't do any harm.' I was called to see a little girl, who had been kept at school on Saturday till after her usual dinner hour. When she got home, vexed and tired, notwithstanding she had a slight headache, a slice of beef-steak would have relieved her. The headache led the mother to give a dose of castor-oil, and to offer gruel, which was refused. Sunday, no improvement, and tincture of rhubarb was taken. On Monday, no better; senna and salts. Tuesday, no better, and a dose of elixir pro. On Wednesday afternoon, I was called in and informed by Mrs.——that having no other medicine in the house, she had given the little girl an emetic, and it had brought up a great deal of bile, and she feared the child would never recover. The advice given was to feed the child, and let medicine alone. Yet these were all what are called simple medicines. With the exception of great weakness and loss of flesh, the child was in her usual health in twenty-four hours.

"This case is a fair illustration of the value of prescriptions made at random, and although you might not be foolish enough to

go through so long a list, why should you not? If not competent to prescribe for him; and if it would be improper to continue prescribing ignorantly, so it would be improper to begin. Remember that many diseases have common symptoms at times, and it is only after days of suffering, in some cases, that the real nature of the disease is declared. The medicine which might be of service in a pleurisy or pneumonia, would be absolutely injurious to an over-loaded stomach; still the case is by no means uncommon in which chest pain or irregular action of the heart originates in indigestion. The delirium and exhaustion, which seemed to foretell death, have, perhaps, originated in a roasted partridge. The apparent paralysis is not infrequently the effect of liquor. Not infrequently, on the other hand, men have worn the name of drunken sot, when an early autopsy showed that disease of the brain had existed for no little time. I knew one of your profession to be the means of sending a patient to a small-pox hospital, whose eruption was caused by the balsam of copaiba, which the druggist had prescribed. The simple medicine does harm, if you do not know how to use it; and, if in no other way, it may produce harm by taking the place of that which might have done service, and the use of which has been put off too long.

"Another matter occurs to me, which is worth speaking of Not that any one of your number is likely to err in this way, for no gentleman can act otherwise than as a gentleman; but you may have those in your employ to whom a word of caution may be useful. No one but the patient or the writer of the prescription knows for what purpose the prescription is written. A look at the patient, as if there were the shadow of knowledge in regard to the disease, is an insult. The slightest intimation of suspicion, that one knows for what disease a particular remedy is prescribed, entitles the seller of the drug to be kicked out of his own door. Yet I have known a druggist to insinuate to a modest girl, to whom copaiba was given for a cough, that he knew for what other disease it was used; and to another, that ergot was not always given to *check* hemorrhage.

"And still another word. The drug-store is not the proper place for a newsroom. It is no place for unemployed physicians to gather in and talk over the political affairs of the day. It is no place for medical or other loafers behind the druggist's counter. No one should be allowed there except upon business. No one should be allowed to speak with him who is weighing out and

measuring medicines; and if your visitors do not know this, it would be well to say it in unmistakable language, or, which would be better, perhaps, to have the compounder of medicines closeted by himself alone.

"And now, gentlemen, having said what has occurred to me during the short time which I have been able to spare for the purpose, if I have given you anything which you consider of any value, I shall feel very well satisfied. If these matters appear to you to be of comparatively little consequence now, the day is coming when some of you will appreciate them. It is impossible that science can be held back, and in any business where a head is wanted, as well as a hand, there must be progress. See to it that your labor does not retard it."

DIABETES MELLITUS.

BY J. B. HOAG, M. D., CALLAO, IND.

This disease is by many eminent practitioners considered incurable. The most sanguine admit the prognosis is *generally* unfavorable. My opinion, based upon an experience of over twenty years, in which time I have frequently been called upon to treat it, is; that if the proper treatment is adopted, and the patient can be induced to rigidly adhere for a sufficient length of time, to a proper course of diet and regimen the disease is not as intractable and formidable as has been apprehended.

The diagnosis, when the disease is established is not difficult. Saccharine urine, sometimes described by my patients,—"as sweet as honey," emaciation—general marasmus, inordinate thirst without febrile symptoms, insatiable appetite, are what we usually find in well established cases.

This disease, has been confounded with simple excess of urine voided—*Diuresis*, or as it is termed by some Authors *Diabetes Insipidus*. There is a wide difference in the two cases. The latter is often merely a temporary increase in the secretion of urine, produced frequently by causes, that are under our control, as an excess of liquids swallowed, exposure to cold, using articles of food or drink that have a diuretic tendency, &c., while the general health is undisturbed. It is sometimes the case, (and such instances have not unfrequently come under my personal observation) that excess of urine is of a more permanent character. Indeed I have

known it to last for years without effecting the general health, when the amount of urine voided was enormous and the necessity for emptying the bladder frequent, and the only bad result observable was, the consequent inconvenience. I have observed this state of things agravated during febrile attacks, and by tenderness of the spine in the lumbar region. Polydipsia is a frequent concomitant with this affection, but I am not prepared to say that it is universally or necessarily so. But to return to the affection in question. Although the symptoms already enumerated, enable us to determine unhesitatingly in reference to the character of the disease, there are some premonitory symptoms and others concomitant, which it may not be improper to notice. Of these we can often notice, a clammy state of the mouth and fauces, tongue furred, white or coated with a frothy mucus, constipated bowels, pain in the back and lower extremities, chilly sensations and a general feeling of lassitude. Often too we see acid eructations and other dyspeptic symptoms. The amount of food consumed will sometimes be enormous, and yet increasing emaciation be plainly observable.

Unless the disease be arrested the above symptoms increase in intensity, others more alarming supervene, and death caused by complete marasmus closes the scene. I am convinced however, that if the disease be not allowed to go too far before proper measures are taken, it can be permanently cured.

It is one of those diseases the nature of which, in the present state of medical knowledge, is not thoroughly understood. Post-mortem examinations have not yet unfolded its true character to the satisfaction of eminent investigators. The question where the excessive amount of sugar is generated, has puzzled men of greater wisdom and more profound erudition than we make pretension to. The causes that produce it are vague and unsatisfactory, the grand desideratum is to be able to control this dread disease, and restore the unhappy victim of it to health.

As before remarked, we have the utmost confidence, that with proper care and judicious treatment this can be fully accomplished.

The first thing we do, is to interdict the use of all kinds of fruit or vegetables as food, and anything of a vegetable character save bread made of unbolted wheat flour in as small quantities as can be got along with. I also forbid tea and coffee, in fact all drinks except pure water, or lime water diluted with milk, which may be taken sparingly at meals. The diet must be restricted to fresh

meats, (salt meats being inadmissible on account of their liability to provoke thirst), cream, cheese, butter, soft boiled eggs, fish and oysters, with as before remarked, small quantities of Graham bread, but the less of this last the better.

The treatment in connection with the observance of the above rules of diet, and sponging the entire body daily with an alkaline bath, which I have found most successful—which in fact has never disappointed me, when the patient observed proper diabetic rules, is as follows, viz:

℞	Antimonii Sulph. Precip....	℈ i.
	Pulv. Doveri....	℈ ii.
	Carb. Ammoniæ....	ʒ i.
	Pulv. Opii....	gr. x.

M. fiat in chart. no. 20.

One to be taken morning and night. Also

℞	Tinct. Cinchon....	ʒ ii.
	Mur. Tr. Ferri....	ʒ iv.
	Tinct. Digitalis....	ʒ i.
	Spts. Lav. Co....	ʒ i.

M. Dose, a teaspoonful at noon.

This treatment has been eminently successful in my hands and I respectfully submit it to the trial of my brother practitioners who may be called upon to treat this justly dreaded disease.

HELMHOLTZ'S CURE FOR HAY-FEVER.

Quinine as a Remedy for Hay-Fever. By Professor Binz, of Bonn. (*Practitioner*, April, 1874.)

From what I have observed from recent English publications on the subject of hay-fever, I am led to suppose that English authorities are inaccurately acquainted with the discovery of Professor Helmholtz, as far back as 1868, of the existence of uncommon low organisms in the nasal secretions in this complaint, and of the possibility of arresting their action by the local employment of quinine. I therefore purpose to republish the letter in which he originally announced these facts to myself, and to add some further observations on this topic. The letter is as follows:

I have suffered, as well as I can remember, since the year 1847 from the peculiar catarrh called by the English "hay-fever," the specialty of which consists in its attacking its victims regularly in the hay season (myself between May 20 and the end of June); that it ceases in the cooler weather, but on the other hand quickly reaches a great intensity if the patients expose themselves to heat and sunshine. An extraordinarily violent sneezing then sets in, and a strongly corrosive thin discharge, with which much epithelium is thrown off. This increases after a few hours to a painful inflammation of the mucous membrane and of the outside of the nose, and excites fever, with severe headache and great depression, if the patient cannot withdraw himself from the heat and the sunshine. In a cool room, however, these symptoms vanish as quickly as they come on, and then there only remain for a few days a lessened discharge and soreness, as if caused by the loss of epithelium. I remark, by the way, that in all my other years I had very little tendency to catarrh or catching cold, while the hay-fever has never failed during the twenty-one years of which I have spoken, and has never attacked me earlier or later in the year than the times named. The condition is extremely troublesome, and increases, if one is obliged to be much exposed to the sun, to an excessively severe malady.

The curious dependence of the disease on the season of the year suggested to me the thought that organisms might be the origin of the mischief. In examining the secretions I regularly found, in the last five years, certain vibrio-like bodies in it, which at other times I could not observe in my nasal secretion. * * * They are very small, and can only be recognized with the immersion-lens of a very good Hartnack's microscope. It is characteristic of the common isolated single-joints that they contain four nuclei in a row, of which two pairs are more closely united. The length of the joint is .004 millimetre. Upon the warm objective stage they move with moderate activity, partly in mere vibration, partly shooting backward and forward in the direction of their long axis; in lower temperatures they are very inactive. Occasionally one finds them arranged in rows upon each other, or in branching series. Observed some days in the moist chamber, they vegetated again, and appeared somewhat larger and more conspicuous than immediately after their excretion. It is to be noted that only that kind of secretion contains them which is expelled by violent sneezings; that which drops slowly does not contain any. They

stick tenaciously enough to the lower cavities and recesses of the nose.

When I saw your first notice respecting the poisonous action of quinine upon infusoria, I determined at once to make an experiment with that substance, thinking that these vibrionic bodies, even if they did not cause the whole illness, still could render it much more unpleasant through their movements and decomposition caused by them. For that reason I made a neutral solution of sulphate of quinine which did not contain much of the salt (1. 800), but still was effective enough, and caused moderate irritation on the mucous membrane of the nose. I then lay flat on my back, keeping my head very low, and poured with a pipette about four cubic centimetres into both nostrils. Then I turned my head about in order to let the liquid flow in all directions.

The desired effect was obtained immediately, and remained for some hours; I could expose myself to the sun without fits of sneezing and the other disagreeable symptoms coming on. It was sufficient to repeat the treatment three times a day, even under the most unfavorable circumstances, in order to keep myself quite free. * There were then no such vibrios in the secretion. If I only go out in the evening, it suffices to inject the quinine once a day, just before going. After continuing this treatment for some days the symptoms disappear completely, but if I leave off they return till toward the end of June.

My first experiments with the quinine date from the summer of 1867; this year (1868) I began at once as soon as the first traces of the illness appeared, and I have thus been able to stop its development completely.

I have hesitated as yet in publishing the matter because I have found no other patient † on whom I could try the experiment. There is, it seems to me, no doubt, considering the extraordinary regularity in the recurrence and course of the illness, that quinine had here a most quick and decided effect. And this again makes my hypothesis very probable that the vibrios, even if being no specific form, but a very frequent one, are at least the cause of the rapid increase of the symptoms in warm air, as heat excites them to lively action.

* There is no foundation for the objection that syringing the nose could not cure the asthma which accompanies hay-fever, for this asthma is only the reflex arising from the irritation of the nose.—B.

† HELMHOLTZ, now Professor of Physics at the University of Berlin is although M. D. not a medical practitioner.—B.

I should be very glad if the above lines would induce medical men in England—the haunt of hay-fever—to test the observation of HELMHOLTZ. To most patients the application with the pipette may be too difficult or impossible; I have, therefore, already suggested the use of WEBER'S very simple but effective nose-douche. Also it will be advisable to apply the solution of quinine tepid. It can, further, not be repeated often enough that quinine is frequently adulterated, especially with cinchona, the action of which is much less to be depended upon.

Dr. FRICKHOFER, of Schwalback, has communicated to me a second case in which hay-fever was cured by local application of quinine (Cf. VIRCHOW'S *Archiv.* 1870, vol. ii., p. 176.) Professor BUSCH, of Bonn, authorizes me to say that he has succeeded in two cases of "catarrhus æstivus" by the same method; a third patient was obliged to abstain from the use of quinine, as it produced an unbearable irritation of the sensitive nerves of the nose. In the autumn of 1872 HELMHOLTZ told me that his fever was quite cured, and that in the meantime two other patients had by his advice, tried this method, and with the same success.

THE COLD WATER TREATMENT OF TYPHOID FEVER.

A German physician, Dr. Brand, is an enthusiastic advocate of the treatment of typhoid fever by cold water. An article written by him is translated from the *Lyon Medicale* in the *Chicago Medical Journal*, from which we make a few extracts illustrating both the mode of treatment and the extravagant laudation of it. Dr. Brand attributes the result to the arrest of fermentation in the blood, on which, according to his theory the disease depends.

As soon as the disease is known, the patient is put into a bath, the temperature of which is 68 Fahr., where he is put in *up to his neck.* The head is sprinkled with cold water of 44 or 48 Fahr., affusion being indispensable in cases where there are cerebral phenomena. Affusion lasts for two or three minutes. For three or four minutes the patient is rubbed, shampooed, in water, and then he is allowed to rest. In a few moments he experiences a violent shivering; the respiration is panting, and a cough supervenes; sometimes an involuntary stool takes place. The patient desires most urgently to leave the bath; he should be kept there

at least fifteen minutes. Upon coming out he is shivering and purple, and presents "an aspect piteous enough to rend one's heart." His shirt is replaced without drying him, and he is put to bed, with a woolen blanket *over his feet;* the body is covered with a sheet in the summer and a light woolen blanket in winter. The patient is then given some lukewarm soup and a little cold wine, and then he is left shivering, which may last from twenty minutes to an hour.

In three hours another bath; and so they are given, day and night, so long as the thermometer, placed in the rectum, does not mark more than 101.5°. After each bath, liquid alimentation, broth, milk and coffee, bread soup, *always tepid;* every quarter of an hour a swallow of ice water.

At the end of twenty-four hours the patient has taken eight baths. He is metamorphosed. The adynamia has disappeared, the cephalalgia is quieted, the tongue is moist. If he cough, the chest is enveloped in large cold compresses, renewed every quarter of an hour. The diarrhœa and tympanites are likewise treated by means of cold compresses upon the belly. This amelioration is constant and does not cease. "It is not now necessary to reckon by the seven day periods to consider the symptoms, to calculate on the chances of a recovery. He will recover."

One of the inconveniences of this method, its greatest inconvenience (what method has not some?), is the exposing the patient, during the first few days, to a voracious, insatiable appetite, which the physician should guard against gratifying. He must struggle against the unreasonableness of his patient, "drying up his tears by kind words, correcting his faults, keeping a watch over his acts." As to other indications—there are none. As to complications—"there are none." "Cold water, more cold water, *always* cold water; not a single medicament."

The pith of this method is summed up in this aphorism: *Every typhoid fever, treated regularly and from the beginning by cold water, will be free from complication and will be cured*—an aphorism that the physician will always bear in mind, and which "ought to be inscribed in letters of gold over the entrance to the bath room."—*Pacific Med. and Surg. Jour.*, July, 1874.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Tic-douloureux Cured by Ice.

Dr. B. M. Walker, of Plymouth, N. C., reports, in the April number of the *American Jour. of Med. Sciences*, a case of a lady, aged sixty, who had been suffering at intervals for over five years, and, under treatment, using various remedies and attending mineral springs with only partial and temporary relief. Dr. W. saw where Dr. Winternitz treated a case successfully by the local application of ice. The patient applied the ice directly to the seat of pain, which was in the fifth pair of nerves, at the same time holding brandy in her mouth. Although the pain was regularly paroxysmal and intermittent, it never returned. The ice was kept to the part as long as it could be borne.—*Dental Cosmos*, August, 1874.

Chloral Hydrate and Camphor as a Local Application in Neuralgia.

It is stated that the intimate mixture of equal parts of chloral hydrate and camphor will produce a clear fluid which is of the greatest value as a local application in neuralgia. Mr. Lenox Browne (*Brit. Med. Journ.*, March 7th, 1874) states that he has employed it and induced professional friends to do so, and that in every case it afforded great and in some instantaneous relief. "Its success does not appear." he says, "to be at all dependent on the nerve affected, it being equally efficacious in neuralgia of the sciatic as of the trigeminus. I have found it of the greatest service in neuralgia of the larynx, and in relieving spasmodic cough of a nervous or hysterical character." It is only necessary to paint the mixture lightly over the painful part, and to allow it to dry. It never blisters, though it may occasion a tingling sensation of the skin. He has found it also an excellent application for toothache. —*Dental Cosmos*, August, 1874.

Aquapuncture in the Treatment of Neuralgia.

Dr. Siredey has employed aquapuncture for the last three years, for the relief of sciatic, intercostal, and ileo-lumbar neuralgia, and has always found it to produce considerable relief, and sometimes a cure, by a single application. The process of aquapuncture consists in forcibly projecting with a particular apparatus an

extremely fine jet of water upon a point of the skin. This produces at the spot a small raised blister with a minute orifice at its summit, from which flows a fluid colorless or sometimes tinged with blood. After a few hours the blister falls, and the following day a small dark scab is found in its place.—*Dental Cosmos*, August, 1874.

A New Treatment for Burns.

Without offering comments upon the many remedies now in use for burns, the writer ventures to present one which may perhaps in part be new, and not without advantage.

For a considerable time, it has been our custom to use eggs, the white and yolk together, well beaten up, as a local application, and the remedy has given a great degree of satisfaction. Our manner of applying, is, after the eggs are well beaten, to saturate old and well worn pieces of muslin therein, and spread over the injured surface, two or three layers thereof being super-imposed; the relief is immediate and complete. The dressing should be renewed every twelve hours, meantime, should it become dry, it may be moistened by dripping water over it. After the first two or three dressings we add a little carbolic acid and glycerine, to correct any disagreeable odor, and also stimulate the healing process. The dressing is easily removed, and leaves a clean, fresh-looking surface, not attainable under the old processes.—*Chicago Medical Journal*, August, 1874.

New Treatment for Tape-Worm.

By A. J. SCHAFHIRT, Washington, D. C. We notice the following treatment for Tape-worm, going the rounds in the Journals, and as some of our readers doubtless have not seen it, and we fully believe it to be good, we copy from the *Chicago Med. Times.*

TREATMENT: I made no preliminary provisions further than to forbid the patient from taking any breakfast the day I intended removing the worm, and giving him a large dose of Rochelle salts the preceding night. At ten o'clock in the morning he had the following at one dose:

Take, Bark of pomegranate root.....	½ ounce.
Pumpkin seed.....	½ drachm.
Ethereal extract of male fern.....	1 drachm.
Powdered Ergot.....	½ drachm.
Powdered gum arabic.....	2 drachms.
Croton Oil.....	2 drops.

The pomegranate bark and pumpkin seed were thoroughly bruised, and, with the ergot, boiled in eight ounces of water for fifteen minutes, then strained through a coarse cloth. The croton oil was first well rubbed up with the acacia and extract male fern, and then formed into an emulsion with the decoction. In each case the worm was expelled, alive and entire, within two hours. No unpleasant effects followed.

One curious fact that I have noticed is that in each case the worm was passed with the head firmly fastened to the side of its body at about the widest part, from which it was with difficulty removed; also that the worm was twisted and doubled into various knots. In one specimen I have, although only fourteen feet long, counted and untied no less than forty-seven of such knots. I have no doubt that to escape the effects of the medicine, in his distress, he fastens himself to his own body, and in this way losing his hold of the intestines, and is driven forward with the other contents of the bowels.—*The Archives*, June, 1874.

Asthma.

The iodide of potassa is frequently an efficacious remedy in asthma, given in two and four grain doses every four hours. Its value is much increased by combining it with ammonia carb., five grains.—*The Archives*, June, 1874.

Sweet Oil as a Dressing for Wounds.

The *N. Y. Med. Jour.* says: Dr. Jos. W. Howe has recently introduced at this hospital, sweet oil for the treatment of all kinds of wounds. It has several advantages over any of the other dressings in use, and apparently yields better results. The advantages are that it keeps the air from the wound, and at the same time is a grateful dressing to the patient. It also promotes healthy granulations.

The mode of application varies with the variety of wounds for which it was intended.

In necrosis, after the sequestrum is removed, the cavity is filled with the oil and a lint tent introduced. Every day the oil is renewed. In one case of necrosis of the lower jaw this procedure was had recourse to, and shortly after, the patient was attacked with the facial erysipelas, but strange to say, the side of the face which had been operated on was not affected.

In incised wounds, the edges were brought together, and lint soaked in oil used as an external dressing.

Sugar and Magnesia an Antidote to Arsenic.

The *Mouvement Medical* relates various experiments conducted by Mr. Carl, with the result of showing that sugar mixed with Magnesia may serve as an antidote in cases of poisoning by arsenious acid, in which cases, too, the internal use of the hydrated Magnesia is most valuable.

Gossypium in Dysmenorrhœa.

ED. MED. AND SURG. REPORTER:—

CASE.—Miss Nellie C., aged twenty, has been suffering with dysmenorrhœa, or difficult menstruation, for three years. She came to me and stated that she experienced the pains that accompany menstruation, regularly, every twenty-eight or thirty days, and at one time during the three years she was attacked with profuse bleeding from the nose (epistaxis) and gums, or, in other words she had vicarious menstruation. Of late she has suffered from cerebral hyperæmia, or capillary congestion of the brain, and for four days she had to keep ice applied to her head continually. This lady I put on the following formula:

℞ Fld. ext. gossypium herb..... ℥ ij.
Fld. ext. ergot.....*aa.* ℥ ij.
Tr. hellebore nig.,.....*aa.* ℥ ij.

Sig.—Teaspoonful every three hours.

After taking the sixth dose she had a profuse discharge "per vias naturalis." and is now enjoying good health. She has passed another period without any trouble. I have prescribed it in several other case with happy results. I let the patient commence taking it three or four days before they are expected to occur. I wish my professional brethren would try it.

Respectfully, LOT ALEXANDER.

—*Medical and Surgical Reporter*, July, 1874.

Sulphide of Calcium in Boils.

Few practitioners have been so fortunate as not to have been annoyed and often foiled in the treatment of patients suffering from the furuncular diathesis. Dr. Sydney Ringer, in the *London Lancet* for May, recommends the sulphide of calcium as the most effectual remedy. It may be given in doses of one grain or more to an adult, three to six times a day, in sweetened milk, or the tenth of a grain to a child under a year old. The effect is marked in the speedy arrest of suppuration and removal of induration. The treatment is described as being equally efficacious in mammary

abscess, but not in indolent bubo.—*Pacific Medical and Surgical Journal*, July, 1874.

Treatment of Varicose Veins.

It is asserted by a French surgeon that varicose veins may be cured by swathing the leg in a flannel compress wet with a solution of chloride of iron in water, 45 grains to the ounce, and applying firmly a flannel roller. Repeat daily for one or two weeks, and the leg "ought to be" well.—*Pacific Medical and Surgical Journal*, July, 1874.

Therapeutic Use of Common Glue.

A correspondent of the *Scientific American* writes as follows: "For the last twelve or fourteen years I have been employed in a shop where there are over three hundred men at work, and as is the case in all shops of this kind, hardly a day passes but one or more of us cut or bruise our limbs. At first there were but few that found their way to my department to have their wounds bound up; but after a while it became generally known that a rag glued on a flesh wound was not only a speedy curative, but a formidable protection against further injury. I was soon obliged to keep a supply of rags on hand, to be ready for any emergency I will here cite one among many of the cases cured with glue:

"A man was running a boring machine with an inch and a quarter auger attached; by some means the sleeve of his shirt caught in the auger, bringing his wrist in contact with the bit, tearing the flesh among the muscles in a frightful manner. He was conducted to my department (the pattern-shop), and I washed the wound in warm water, and glued around it with a cloth, which when dry, shrunk into a rounded shape, holding the wound tight and firm. Once or twice a week, for three or four weeks, I dressed the wound afresh, until it was well. The man never lost an hour's time in consequence. The truth of this statement hundreds can testify to. I use, of course, the best quality of glue."—*Druggists' Circular*, August, 1874.

Chloral-Hydrate per Rectum in Sickness of Pregnancy.

Dr. Simmons, of Yokohama, Japan, communicates to the *N. Y. Med. Record* an account of four cases successfully treated by injecting 30 grains hydrate of chloral, in mucilage. The first injection gave much relief, and two or three repetitions perfected the cure.—*Pacific Medical and Surgical Jour.*, July, 1874.

Kousso in the Treatment of Tape-Worm.

Before proceeding to describe my method of treatment, let me make a few words of explanation, that I may not be looked upon in the light of a prescribing apothecary; for, as a general thing, this practice should be discouraged, and the patient referred to some intelligent physician for treatment. An intimate friend and old school-mate of mine, having been absent from home a number of years, a few weeks ago returned from a visit and to "recruit." He looked thin and miserable; and without any reservation told me the cause of his trouble was tape-worm. I recommended him to consult one of our many excellent physicians. This he refused to do, saying he had taken so much "stuff" he was disgusted. I asked him if he would take a "dose" that I would prepare him, and for "old acquaintance' sake." said he would. The following is the treatment—

A dose of castor-oil upon retiring at night, which operated about six oclock next morning. I then put one (1) ounce of pulv. kousso in half a pint of warm water, and, after allowing it to stand a short time, let him drink what he could of it in twenty or thirty minutes. Should think he retained about one-half the whole quantity, his stomach rejecting more. In three or four hours after taking the kousso he took another dose of castor-oil. Meanwhile he had an operation from the kousso, but no tape-worm "put in an appearance." In course of an hour and a half the last dose of oil operated, and with it came twenty feet of the tape-worm, in one unbroken piece, the head remaining, the end of the worm first evacuated being about one-half ($\frac{1}{2}$) inch wide, and the last about one-sixteenth (1-16th) of an inch wide, evidently being very near the head. In about two weeks I again gave him the same treatment, only giving the kousso in capsules instead of water. This time patient passed about eight (8) inches more of his troublesome tenant, but in three pieces, the smallest part being about as wide as an ordinary knitting-needle, and the links or joints almost square. A number of our physicians say the head must have passed from him. Any way, my friend feels much relieved in mind and body, and has already begun to "grow fat." He thinks he has seen the last of his tape-worm. I should have said before that he has taken male fern, spt. turpentine, and a number of other remedies, prescribed by different physicians, on all of which the worm seemed to flourish.

I find that different physicians have different ideas in regard to

the head of the tape-worm. Dunglison's Dictionary gives but a very vague idea, to me, of the appearance of the head of the *tænia solium.* Can you or any of your many readers give a plain description of it?—*Druggists' Circular*, August, 1874.

Editorial.

A Case of Sarcomatous Tumor Successfully Treated with Elixir Iodo-Bromide of Calcium Comp.

BY F. S. NEOLING, M. D., OF KARTHAUS, PA.

I was consulted by Mrs. R., aged 40, suffering from effects of a tumor of the maxillary bone; my diagnosis was Sarcomatous Tumor. I excised the tumor, prescribed the following:

℞ Iodide Potassium.....
Carb. of Ammonia.....aa ʒiiii.
Comp. Syr. of Stillingia..... ℥ ii.

Dose, one teaspoonful three times a day.

But in less than a month the tumor was almost as large as at first. I used the knife the second time with the same constitutional treatment, with no better success, and as I had seen the Elixir Iodo-Bromide of Calcium Comp., highly recommended, but had never used it in my own practice, I concluded to give it a fair trial. I cut the tumor out for the third time and applied nitric acid and caustic potash to the cut surface once daily, for a few days and applied the following paste:

℞ Sulph. Zinc.....aa ʒ ij.
Acacia.....aa ʒ ij
Caustic Potassa.....
Sanguinarin.....aa ʒ j.
Nitric Acid.....gtts. xx.

Mix and add aqua enough to form a paste, spread a small portion on thin leather, and apply to the affected part during the day for a week or so with the Elixir Iodo-Bromide of Calcium Comp., f. ℥iv. dose, one teaspoonful three times per day, increased to two teaspoonfuls. At the end of one month the tumor was entirely removed with a healthy granulating surface. I continued the use of the Elixir Iodo-Bromide of Calcium Comp., for some time and am happy to say that the lady is entirely cured and enjoying the best of health. About the same time I commenced treating Mrs. R., there was another lady called to see me with a tumor of the same kind and about the same size, as I was not at home she went to see another physician, who told her that it was a large gum-boil. He prescribed for her but as the tumor still continued to grow, she consulted

Dr. No. 2, who told her that it came from decayed teeth, he prescribed for her but she still continued to get worse, She then consulted Dr. No. 3, who told her that it was cancer, and advised her to go to some cancer Dr. She went to the city to let a cancer Dr. operate with his caustics, &c., for a month or more, when he sent her home to die Dr. No. 3 then wrote that he would send her medicine enough to cure her, if they would send him fifty dollars. They sent the money and he sent his quack medicines, a gallon or more, which she used until her death. I saw her a week or so before she died, and she told me that the tumor in her mouth commenced just the same as Mrs. R. as they were neighbors, Mrs. R. being often in company with Mrs. P. during her illness. I believe that if Mrs. P. had had the knife used, that is, the tumor excised in time, and followed with caustics and the Elixir Iodo-Bromide Calcium Comp., that she would now be in the land of the living and be enjoying as good health as Mrs. R. I have written my experience with the above described cases thinking that it may be of some benefit to some of my professional brethren, as I am thankful for their experience that I receive through the various medical Journals.

Urticaria Intermittent.

BY N. H. CHURCH, M. D., PALOKA, IND.

Is that type of Nettle Rash in which we have the appearance of successive crops of the eruption assuming a regular intermittent type—quotidian, tertian or quartian, or the rash may not reappear until the 8th or 9th day. A. B. has been troubled with this form of urticaria, for as many as five years past, always making its appearance on the dorsal surface of the hands, until during the summer of 1872. Dietetic measures—cooling aperients—arterial sedatives and quinine were employed without avail. Local applications of sugar of lead, common salt and carbolic acid, did not have the effect of staying the eruption, nor easing the burning nettling sensation. Bromo-Chloralum one part—water one part, was used several times during the day for three days, with aperient doses sulph. magnes., when eruption disappeared and has not since returned.

Herpes Zoster or Shingles.—During the month of April, C. D., was taken with a pain of a neuralgic character, through the apex of the left lung, which lasted for 12 hours. Having before experienced such pains, he thought nothing of it and took no medicine, during the night following pain referred to, he experienced an itching and burning sensation over portion of chest. When morning came he found a fully developed herpes. This state of affairs being anything but pleasant, advice was sought and Bromo-Chloralum one part, and water one part was ordered applied with a soft sponge which had the effect of arresting all unpleasant sensations, and after three days a disappearance of the

eruption without pustulation or desquamation; again, thirteen days a a pain of a neuralgic character manifested itself over the region of gluteus maximus, on the left side, remaining about 4 hours—being together "off guard," (as patient expressed it) thought nothing of i until next morning. The itching and burning announced the arriva herpes again. The Bromo was applied, and again the patient was relie as before. Three days after the pain with eruption following, appea over region of Latissmus dorsi, when another application of the Bro settled the herpes, which up to this time has not reappeared.

Elixir Iodo-Bromide of Calcium Comp.

Cayce's Station, Fulton Co., Ky., Sept. 1st. 1874.

Gentlemen—For the benefit of the profession and especially tho suffering with diseases of a scrofulous diathesis, I submit the followin for your disposal, having employed the Elixir of Iodo-Bromide Calciu Comp., with the greatest success for the last eighteen months, and in on case especially, the particulars of which I will recite in few words.

Mrs. P. aged 45,—suffering for years with urinary disease consequent upon a congested and mal-posed uterus,and about twelve months previous to my taking charge of the case, there appeared an eruption on the labia, of a pustule form common to diseases of this type, as treated upon by Hodge and others, who have written concerning diseases to which *females* are liable. The eruption was attended with itching extremely annoying to the patient and caused the labia to become lacerated by scratching, after which she would suffer excruciating pain from an enlargement of the vaginal lymphatic glands and a smarting of the lacerated surface. I have noticed no similar case reported or treated with your preparation—and in this instance the patient after having sought the advice of two physicians of eminence in the profession and being under their charge was finally assured that her case was hopeless. Under these circumstances she came to me. I prescribed as follows:

℞ Elixir Iodo-Bromide Calcium Comp.,
Fl. Ext. Buchu (Tilden's) *aa* equal parts.

No. Sig. One teaspoonful half hour before each meal. Bottle to be shaken before each dose.

The above may be gradually increased to two teaspoonfuls and at same time using externally the Sol. Iodo-Bromide Calc. Comp., one part to *four* parts of water—also Bromo-Chloralum, 2 ozs. to 1 quart of water, freely upon the parts.

The success that has followed my treatment of this case warrants me in saying that all such can be successfully treated in this way—and you are at liberty to publish this article in the *Journal of Materia Medica* if you wish.

Yours truly, A. J. WILKINSON, M. D.

707 High St., Providence, R. I., Sept. 2, 1874.

Extract from letter of W. M. PARK, M. D.—"I was called a short time since to examine a severe case of Herpes of ten years standing, which had obstinately resisted all the ordinary modes of treatment.—The patient a man of mature age was evidently hopeless of a cure being effected. His face, neck, arms and hands were completely covered with sores and scabs. As a matter of experiment I prescribed for him the Elixir Iodo-Bromide Calcium Compound, in teaspoonful doses four times a day directing him also to use the Solution properly diluted as a wash and to take one Comp. Cathartic Pill every other night to regulate the bowels. At the end of a fortnight I was astonished to see the effect produced—every trace of irritation had disappeared and the cuticle was perfectly clear and healthy. He is now perfectly well and enjoys better health than for years past.

I have used both preparations also with similar good results in a severe case of erysipelas—and have no hesitation in pronouncing the Iodo-Bromide Calcium Compound the most efficient and powerful alterative I have ever used."

Extract from letter of Dr. PHILIP BORDAGES. Taylors' Bayou, Jefferson Co., Texas.—"I have been using the Elixir Iodo-Bromide Calcium Comp., in my practice for two years, with the greatest success—and also other of your preparations—especially the Fl. Ext. Ergot. It is the best I ever used and quite equal to that made by BONJEAN (Paris).

I believe it the duty of every physician to patronize you for they can depend on your preparations being as represented, pure and efficacious. The number of spurious remedies forced upon the market by their *Cheapness*, which should in itself cause distrust, oft-times leads the practitioner to condemn all alike. In yours I have never been disappointed—and I administer them to my patients with full assurance that the desired effects will be produced. Accept the thanks of one who appreciating the care and conscientiousness with which you perform your duties, cannot but express his admiration of your perseverance and devotion in so noble a cause."

Bromo-Chloralum.

BY CHARLES G. POLK, M. D.

The interest manifested in reference to this agent evinces that it possesses a high place among remedial agents and is recognized as one of the most important of our recent additions to the healing art. Notwithstanding the opposition it has encountered it has been tested by very many of our best and most conscientious physicians with very general satisfaction. As an injection in uterine diseases in which there existed offensive discharges, it has very often contributed a blessing in overcoming the odor and

rendered loathesome and incurable diseases more endurable. In vaginal leucorrhœa, the result has been far better than anything else that I am acquainted with. I could easily cite a dozen cases which had defied the lead, iron, zinc and vegetable astringents, become obedient to the persuasive influence of the Bromo-Chloralum. As an injection in gonorrhœa, both in the male and female, I have found it superior to all other injections, in fact in my hands it has superseded them. It can ever be used with freedom without the slightest degree of stricture. Recently I used it in a case of congestive gleet, with perfect relief after the disease had defied external and internal medicines. As a lotion to obstinate chronic ulcers, it not only dissipates the disagreeable emanations, but excites healthy action and often induces granulation. As a disinfectant it is par excellence, without replacing the impure air with irritating and offensive emanations, it overcomes the noxious and perhaps poisonous effluvia, and leaves the atmosphere pure and wholesome. I find that when used in infectious diseases it modifies, when it fails to destroy entirely, the virus. In the treatment of Scarlatina this is very strongly evident. Every case contracted in an atmosphere subjected to the Bromo-Chloralum has been mild and not a single case has proved unfortunate.

While it is to be regretted that the formula has never been published, we can scarcely refuse so valuable an agent on ethical grounds. Whatever be its constituents it does not alter the least its therapeutical worth or in the least diminish it in the esteem of those who have tried it and realized its great antiseptic properties.

Chills and Fever.

Dr. PAUL W. BURDGE, of Rahway, N. J., has treated during the past four months, eighteen cases of chills and fever, prescribing the following formula, the result of which he is pleased to give:

℞ Pulv. Chinoidine.....gr. xxiv.
" Ext. Colocynth Comp.....gr. iij.
" Opii.....gr. x.
" Capsicum.....gr. v.

Ft. in pill No. 24. Two to be taken every hour until bed-time on the day of the first chill, on the following day one to be taken every tw hours and if any remain let them be taken on the third day in the same manner as on the first day. In all of the eighteen cases the patients recovered after the second chill (if it occurred). Of course the general condition of the patient must be looked after, and the bowels kept moderately open.

Yours very respectfully, PAUL W. BURDGE.

☞Correspondents will oblige us by writing plainly their *names, Town County and State.* We are frequently unable to answer letters because these are omitted.

THE

Journal of Materia Medica

DEVOTED TO

Materia Medica, Pharmacy and Chemistry.

Vol. 13.] OCTOBER, 1874. [No. 10.

Communications.

CONDITIONS OF THE CONFLICT. (CONTINUED.)

BY ALEXANDER HUTCHINS, M. D.

But again, another class of difficulties, swarming up from the first named, cluster around the general objection that the profession would be destroyed by the general diffusion of the knowledge which is its capital in business. There is the aroma of antiquity exhaling from this likewise. One of our own craft has told the story of how, many a century since, one Demetrius cried out to his fellow-workman, and set the City of Ephesus in an uproar against the overthrow of the worship of Diana, as that "thereby their craft was in danger of being set at naught." There is a general demerit in the objection. For the respect which is inspired in the unlearned for intellectual power, enhances the authority with which that power enforces itself, even though there be utter inability to grasp the sources of that power; and though the cultivated may investigate the general principles of all Science, yet the special education required for the practical application of these principles, forbids any general participation therein. Faith in the efficiency of the "Jack at all trades," decreases with the diffusion of intelligence. And, on the other hand, no decent political economy would stand in the way of any

progress, that would do away with any need, for the purpose of sustaining the labor that supplied that need. When Medical Science has risen to her completeness, and public sentiment is obedient to her authority, old age will have asserted his legitimacy, the nosology will have dwindled, and the medical profession, as it now is, will be an institution of the past. If the special duties of the profession be, by this means, diverted into other channels, what boots it? Civilization, which is progress, will crush the imbecile that flings himself afront her chariot wheels.

But how is this estimate to be enforced? By three modes, which, held as supplements one to the other, are to be combined as one force. By the profession bringing Medical Science out from its seclusion into the conditions created by the demand for Popular Science: by the profession forcing on the public consideration the lessons it alone is competent to teach: and by the profession throwing about itself such safe-guards as shall secure its ranks against occupation save by those who, by the gifts of character, industry, intelligence and culture, are fitted for the high places of this calling.

From metropolitan centres to the outskirts of civilization, there is this demand for Popular Science. Great audiences throng the lecture-halls to listen in wonder to its startling revelations; journals are devoted to its exposition; it has its columns in the papers that penetrate to the remotest wilds. The best ascertained facts and the very idealities of speculation alike prostrate the knowledge-hungry listeners spell-bound in reverence at the investigations that have dared and conquered. But what of all that has been thus far ventured, even with the glamour of Tyndall's fame and the enterprise of Proctor, can compare in exactness of investigation, thoroughness of research, completeness of results, and the startling character of the processes evolved, with many and many a score of the achievements of Medical Science, which are the every-day, familiar facts of the profession? Conceive the Doctrine of the Circulation put before the Academy foot-lights, with all the appliances of demonstration, with diagrams and models and manikins, microscopic and chemical analysis, vivisection and the calcium light. Display from the canvass, in the weird darkness of the room, the torrent of the blood rush-

ing in impetuous force down through gradually diminishing and ramifying canals; follow it through the dim mysteries of its wonderful mutations, till it re-collects its turbid and more sluggish stream on the upward and widening grade: resurrect it by contact with the all prevading energizer of being, till flushed and instinct with life, it plunges again into the maelstrom that shall hurl it on its ceaseless round! Where, in comparison with the disjointed and fragmentary penomena of light and heat; where the dreamy visions that fill up the infinite abysses that separate the frigid isolation of astronomical facts, is this one, wonderful, exact, complete, conclusive, incarnate demonstration of infinite wisdom and power! Penetrate, again, down to the very genesis of being, and build up, by histological synthesis, from protoplasm, through cell and fibre and organ and including frame, till the warm flush suffuses the Apollo. Convert the gross elements of material substance into chords that quicken into the most subtle sensations, whose central source trespasses on the Infinite. Follow out the display of the myriad results of Medical Science, by impressing the truth that they are not the accidents of pleasurable investigation, but have been wrought out through long generations of laborious endeavor, forever inspired by the hope to make more sucessful the applications of that Science; that hosts of men stand ready, at any moment, to be eloquent expositors of its latest refinements, and the demands for Popular Science are met. Whatever there is of regard and reverence for scientific truth anywhere, must be given to Medical Science, as in the first rank for elaborateness and utility.

Coupled with this, let the profession, through its organizations, general or local, oppose itself to the recklessness and ignorance that unsteady and shorten life, and in its own department preach to the people the sermons of right living, of which self-denial is the unvarying theme. There is a recklessness that baffles all instruction; but, in the main men are only too willing to abide by competent teaching, and the competency of the profession to unfold the problems affecting the general or the individual weal, ought not to be a matter in dispute. The demand for knowledge assumes the best it can get as the best of all. On the other hand, if the profession possess this knowledge, it ought to be made

manifest. The test of duty is the only test that can stand. It possesses facilities that can stay disorder, it is criminal to all humanity if it does not use them. The late meeting of the State Society proved that the profession is alive to the issue. In a discussion on drainage, men from all parts of the State urged, with intense earnestness, that preventable cause of disease should be studied for purposes of removal; that legislation could effect nothing, unless the instruction of the people preceded the legislation. General Viele said it was his experience that a "medical practitioner, wherever found, was a missionary domestic, civil and religious, and as such it was his duty to initiate reform." Dr. Agnew urged medical men, on their daily rounds, to force this knowledge on the consideration of men. Dr. Moore insisted that "as a body we must seek to enlighten the community, so as to secure general laws," and again, "we must inaugurate schemes that shall command general professional assent and press them on the attention of the people."

Not separated from these two, but upholding both in the public regard, stands foremost the unquestionable duty the profession owes to its own dignity in guarding well the entrance to its treasures. If the personnel be staunch and true, if it be well instructed and intelligent, if it be studious and liberal, if it be high-minded and loyal, it shall win its way. There need be, then, no fear that the estimate the profession puts upon itself, and that in which it is held in the public regard, shall be widely separate. An honorable profession, upholding a Science distinguished for its devotion to the public welfare, must be impregnably fortified in the esteem of men.

I have no word of plea for the men among us who have devoted their lives to the cultivation of the special departments of our Science, who are shielded thereby from the complications that beset the profession at large; no plea have I for the magnates of our profession who, by their excellent gifts and wisely applied industry, are exalted to be our teachers and are reposing with the laurels of well earned victory. They are our pride, and for them I have but congratulation and rejoicing. But I plead for the general practitioner, that he shall be such a well-instructed and honorable member of a learned and cultured profession, that the honor and respect which it has acquired may belong to him as an

integral part thereof. And I plead from the very depths of earnestness, for the younger brother, that he may be protected from the annoyances that baffle enterprise and stifle enthusiasm, that the profession which has given him rank at the outset may be daily bettered by his judicious conduct; that he may be so protected by the organizations that promote unity of purpose, diffusion of knowledge and combination of effort, and that are our common safe-guard against the assaults of misrepresentation and calumny, that the temptations to defection cannot successfully assail him, and that his life's purpose, in whatever emergencies of trial, may never swerve.

When these results shall have been achieved, when Medical Science shall have asserted itself among the elaborated systems of contemporaneous investigation, when its exponents shall have the regard due to their ministry, there shall have preceded decades of labor among the votaries of that Science informed with the sentiment which belongs to the genius of all the higher forms of labor, viz.: *faithfulness to one's calling, that the calling, may be dignified, so that those who pursue it thereafter may labor on a higher plane.*

Shall I enforce this by authority? From Jurisprudence. Says Bacon:

"I hold every man a debtor to his profession, from the which, as men of course do seek to receive countenance and profit, so ought they, of duty to endeavor themselves, by way of amends, to be an ornament thereunto. This is performed, in some degree, by the honest and liberal practice of a profession: when men shall carry a respect, not to descend into any course that is corrupt and unworthy thereof, and preserve themselves free from the abuse wherewith the same profession is noted to be infected. But much more is this performed if a man be able to visit and strengthen the roots and foundations of the Science itself, thereby not only growing it in reputation and dignity, but also amplifying it in perfection and sustenance."

From Philosophy. Says Fichte:

"Genius is nothing more that the effort of the idea to assume a definite form. The idea has in itself neither body nor substance, but only shapes itself an embodiment out of the scientific

materials which environ it in time, of which Industry is the sole purveyor."

From Statesmanship. Says Burke:

"The road to eminence and power from obscure condition is not to be made too easy, nor a thing too much *of course*. If rare merit be the rarest of all things, it ought to pass through probation. The temple of honor ought to be seated on an eminence. If it be open through virtue, let it be remembred that virtue is never tried but by some difficulty and much struggle."

From Art. Says Sir Joshua Reynolds:

"Excellence is never granted to man save as a reward of labor. It argues no small small strength of mind to persevere in habits of industry without the pleasure of perceiving those advances, which, like the hands of a clock, whilst they make hourly approaches to their point, yet proceed so slowly as to escape observation."

From Ethics, Says Edwards:

"If we are but fixed and devoted to our business, bent on high and holy ends, we shall find means to them on every side and at every moment, and even obstacles and opposition will but make us like the fabled spectre ships, which sail the fastest in the very teeth of the wind."

From Song. Says Grimwald:

"In working well, if travail you sustain,
Into the mind shall light pass the pain,
But of the deed the glory shall remain."

Says the Marquis of Montrose:

"He either fears his fate too much,
Or his deserts too small;
Who dares not put it to the touch,
To gain or lose it all."

Says Longfellow:

"Lives of great men all remind us,
We can make our lives sublime,
And departing, leave behind us.
Footprints on the sands of time."

Says Macauley:

"When the goodman mends his armour;
And trims his helmet's plume,
When the goodwife's shuttle merrily,
Goes flashing through the loom;

With weeping and with laughter,
Still is the story told,
How well Horatius kept the bridge,
In the brave days of old."

"And how can man die better,
Than facing fearful odds,
For the ashes of his fathers
And the temples of his Gods."

Let us stand by our profession, uphold, defend and make good its claims among ourselves and among all peoples. Let us, whose thought and sustenance issue from and abound in the support of man's physical power and integrity, first believe ourselves that the full evolvement of the principles to which we have given our lives, is to result in the finer and more fruitful development of the race and then teach it on every hand that the physiological purity of the people is the working basis for the highest material and moral standards. Let us teach it to the younger brethren, that it may be handed down a heritage from one generation to another till the victory is won; and though we are in the struggle, and see but glimmerings of the light, the sure things of this Science will prevail and her votaries shall yet enjoy the radiancy of her millenial noon.

"Blest, and thrice blest, the Roman,
Who sees Rome's brightest day,
And views that grand, victorious pomp
Wind down the Sacred Way,
And through the bellowing Forum,
And 'round the Suppliant's Grove,
Up to the everlasting gates
Of Capitolian Jove."

GENERAL DROPSY.

Extract from an article by H. G. BARROWS, M. D. In regard to this disease, my own experience has not been as extended as that of some others; yet, the remedies suggested, and which follow, may prove beneficial with those who may be disposed to give them a trial.

℞ Snowberry Tree..... ʒ ii.
Aqua Bullient..... ℥ viii.

Boil a few minutes and strain it. Give one half, and in two

hours the rest. Its action upon the kidneys is said to continue for several days.

℞ Fl. Ext. Scillæ (Tilden's),..... ℥ ss.
" " Opii (")..... ʒ ii.
Ess. Cinnamon..... ʒ ii.

Mix, and give from a half to a whole teaspoonful twice a day.

℞ Potass. Nitrate..... ℥ i.
Aqua Pura..... O i.

Mix, and drink a wine-glassful morning and evening. It is said that this has effected a cure in the space of six weeks. Never having made use of it, I cannot, of course, vouch for its efficacy.

℞ Pulv. Gamboge..... ʒ i.
Potass. Carb..... ʒ iii.
Aqua Pura..... ʒ vi.

Mix, and give fifteen drops every hour until it operates.

℞ Chimaphil. Umb..... ℥ i.
Aqua Bullient..... Oiss.

Mix, boil down to a pint and strain it. Give all of it during the day.

℞ Pulv. Aletris Farinosa..... ʒ ii.

Divide into Charts No. 12, and give one powder twice a day.

℞ Juniper Bac. Cont.....
Sem. Sinapis.....
Rad. Zingiber.....*aa* ℥ ss.
Rad. Amoracia.....
Rad. Parsley Cont.....*aa* ℥ i.
Cider..... Oii.

Mix, the articles and infuse them in the cider, and afterwards strain the liquor. A wineglassful three times a day.

℞ Aq. Ext. Apocynum Can..... grs. xxx.

Make into 10 pills, and give two a day.

℞ Polytrichum Juniperum..... ℥ i.

Infuse in one pint of boiling water, and give one ounce or more every half hour.

℞ Tinct. Scillæ.....
Tinct. Digitalis.....
Tinct. Colchici.....*aa* ℥ ss.
Ol. Camphoratum..... ℥ i.
Aqua Ammonia..... ℥ ss.

Mix, and make a liniment; with which rub the loins.

These combinations have been but partially tested; but that they contain useful and important agents, can readily be perceived, and I hope a fair trial may establish their usefulness.—*New Jersey Eclectic Med. and Surg. Jour.*, October, 1874.

DIABETES.

BY A. J. HALE, M. D.

The well known intractability of diabetes shall be my apology for introducing this subject to the attention of your numerous readers. On a careful post-mortem examination of fatal cases of diabetes, softening, a patch at the base of the brain at the origin of the pneumo-gastric and other nerves that supply the stomach and bowels, is the most valuable feature; that the secretion of sugar by the liver, and its elimination by the kidneys, is the result; that on this same condition, we have the dry skin, constipation, and excessive development of the capillaries of the kidneys, enlarged and unusually turgid, and this is no doubt a cause of the increased flow of urine.

This softening or impairment of this particular patch of the brain is, no doubt, the cause of the vascularity of the mucous membrane of the eye—passive congestion, dependent upon a want of nerve power. Researches into the anatomical history of inflammation has clearly proven that it is dependent on a state of atony, admittiug of a stagnation of their contents, and, as a consequence, become greatly disturbed.

Physiologists have shown that this state of vascular repletion is favorable to secretion and exudation, and is remediable by the application of stimulants.

Now, my treatment is to give phosphorus, cinchona, &c., or remedies to increase vital power, and stimulants to the skin, bowels, and to the atonized vessels of the kidneys; that this would be the true basis of cure, favoring elimination, secretion of urine, &c., so that baths, cholagogues, and diuretics suggest themselves as valuable auxiliary means for the cure of this disease.

During my attendance at College, in Philadelphia, several years ago, there were between fifteen and twenty cases presented themselves at our hospital clinic with all the most prominent symptoms of diabetes, suffering from two years to a few months. The

amount of urine excreted during the twenty-four hours, varied from five to twenty pints, and the amount of fluids drank one-third less.

The specific gravity in all cases run from 1035 to 1040. Daily bathing, cholagogues, tonics, animal diet were strictly enjoined. Cinchona and Phosphorus were chiefly depended on, as follows:

℞ Tinct. Cinchonæ, comp..... ℥ iv.
Acid. Phosphoric. dil..... ʒ vi.

M. S.—A teaspoonful every three hours.

Now, I do not mean to say that phosphoric acid will cure cases of diabetes, but I believe it is the principal if not the only agent by which the thirst in diabetes can be materially lessened.

In periods varying from six to nine weeks, those patients recovered.

The most remarkable feature of those cases was the rapid diminution of the amount of urine passed in the twenty-four hours. It decreased on an average of one pint per diem, until it reached three-and-a-half pints, which is normal; with this decrease in volume, there was a corresponding decrease in the urea and salts, until it reached 1015. These cases were highly interesting to me and several practitioners, who were witnesses to this mode of cure; interesting, because it afforded a ready explanation of the *modus operandi* of many remedies.

Cinchona and Phosphorus are, undoubtedly, the grand remedial agents in diabetes; but, without diuretics, baths, &c., the resulting benefits would not have been so marked or so durable.—*New Jersey Eclectic Med. and Surg., Journal*, October, 1874.

URÆMIA.

He maintains that this condition can and does exist, independently of albuminuria, without the destruction of a single tubulus uriniferus; without a trace of albumen in the urine, and without any evidence of disease of the kidney whatever; that, consequently, when the two conditions are found together, they simply co-exist; and that a much greater number suffer from uræmia who have neither Bright's disease nor uræmic eclampsia, than are to be found who have either or both of these diseases.

His attention was first called to the subject while attending an albuminuric patient, who died. During this time he saw in

consultation a friend whose symptoms corresponded so exactly with those of the first that he and the attending physician feared Bright's disease. On examination of the urine, however, not a trace of albumen, nor a tube cast, nor any pus, nor anything else to indicate organic lesion of the kidneys was to be found. Moreover, less urea (37 grains to the ounce of urine) was found than in the first case, of which an analysis was made at the same time. To guard against possibility of error, the analyses were repeated in different ways, but always with the same result. Since that case, within the past six years, Dr. B. has made nearly 800 quantitative analyses for urea, which demonstrate that uræmia does exist in many of our every day diseases, and that too, where there is no disease of the kidneys whatever. But granting that uræmia is always present in the advanced, or indeed in any stage of albuminuria, it does not follow that it must be a sequel of that disease; by a parity of reasoning the inverse would be the more probable.

The question naturally arises if it is the function of the kidneys to eliminate urea, and if those organs are healthy, why do they not perform their duty? It is because, by the disorder of some other organ, solids in a state of liquefaction may be so much increased in the blood that the kidneys, in trying to eliminate them, are, so to speak, compelled to neglect a part of their ordinary duty. Consider the amount of sugar eliminated in diabetes or bile in jaundice. Is it any wonder that urea should be allowed to accumulate while the sometimes enormous quantities of sugar or bile are being excreted? It may be urged, however, that diabetes and jaundice are of rare occurrence. Granted; but is biliousness (jaundice in minature) very uncommon? Take into account, also, the triple phosphates in overwrought nerve centres, etc., is it wonderful that in performing so large a vicarious labor that the ordinary work of the kidneys should be imperfectly performed? In dyspepsia, where nitrogenized food stops short of complete metamorphosis, there is "destructive assimilation," and in such cases the kidneys have to eliminate not only the urea generated by the disorganization of the tissue of the living organism, but that also produced by imperfect digestion; and while all acknowledge the noxious effects of uræmia in complete suppression or retention of urine, why deny it in part when there is partial suppression or retention? Why acknowledge it as a whole and

deny it in its parts, as it is axiomatic that "the whole is equal to the sum of all its parts.

"Would it," says Dr. B., "a *priori*, be considered strange that with a full, bounding, rapid pulse, increased temperature, skin dry, urine often very scanty, as is common in our fevers, that uræmia, in some degree, shall be present, and that the fever should be modified by its presence? I have no doubt that often the low muttering delirium of such fevers is due directly to that cause, and that many cases of so-called muscular rheumatism and neuralgia ought properly to be designated uraemia. I have on that theory treated and relieved both the last named maladies that had resisted appropriate remedies for rheumatism and neuralgia prescribed by eminent physicians. I have also found many cases of epilepsy, and some forms of spinal disorders, due entirely to, or much aggravated by the same cause; and in cerebro-spinal meningitis, I believe it will yet be found that uraemia exerts a very marked influence, if it is not directly the cause. I made careful examination in that direction in a few cases, but they were too few in number to justify the expression of any opinion from my own limited personal observation. I do not claim to be the only physician who believes that uraemia is not dependent upon albuminuria (although I so believed when I commenced the investigation, and for some years afterwards), as I now know that Bedford and some others have expressed that opinion; but such views are not published, as far as I am aware, in any work that the general practitioner would be likely to have or look to for information on the subject. Bedford himself apologizes for misplacing his article on that subject in his work on "Diseases of Women and Children," and *then* it is simply an enunciation of the fact, to which he appears to attach no practical value.— *Va. Medical Monthly*, July, 1874.

NEW FACTS ON TRANSFUSION WITH LAMB'S BLOOD.

At the recent Congress of the German Surgical Society several papers were presented on transfusion of blood. One by Dr. Kuester, of Berlin, another by Dr. Hasse, of Nordhausen, were read, and provoked interesting discussions. Dr. Kuester opposed the plan of using defibrinated blood, without giving specific

reasons for so doing, and objected to Dr. Hasse's plan of conveying blood from the animal's artery directly into the vein of the patient. His reasons were (1), that there is danger of plebitis or pyæmia from the clots, etc., and (2) it is difficult to estimate the quantity of blood transfused. He gave the histories of eight patients on whom transfusion had been performed. The operation had been done thirteen times in all—in twelve with direct arterial transfusion, and in one by Hasse's method. The diseases were (1) gunshot fracture of the thigh, with waxy degeneration of the kidneys, (4) phthisis at a late stage, (1) phthisis with rectal fistulae, (1) typhoid fever, with exhausting intestinal hemorrhages. The radial artery was used ten times, and the posterior tibial twice in the other case the vein. Of these patients two only were living, the others survived from one to two weeks, and were often surprisingly improved, but at length yielded to their maladies. During the operation the symptoms were extraordinarily severe, chiefly from great pain in the sacral region and excessive dyspnœa. After the operation there was a sharp chill, followed by sweating; then the temperature rose to 103° F. on an average, but fell in from five to six hours to the normal. In favorable cases a general improvement commences at this time. The great dyspnœa was due, he thought, to the fact that the blood of ruminants contained such an abundance of carbonic acid that it is not oxidized with sufficient rapidity. In using human blood in a similar way, he had not met with dyspnœa, though more blood was transfused. A chill and rise of temperature followed, however, as with the blood of animals. On the whole, he preferred human blood. He believed that failure in many cases was due to the selection of improper cases, such as patients in the last stages of consumption. Dr. Hasse followed with a paper in which he advocated the use of his apparatus, and denied that the blood was more liable to coagulate in it than in any other. In regard to his method, he added the following particulars: It was imperatively necessary to drain the blood from a certain length of vessel, both in the artery of the animal and in the vein of the patient, and then to tie all collateral branches in two places, between which these branches should be severed. The peripheral end of the lamb's artery should then be securely tied, while light pressure was brought to bear on the central end. Digital compression was perhaps best; but a delicate pair of spring forceps might be used with advantage. To close the central end of the patient's vein temporarily, he employed

digital compression or a rubber ring. If this latter was slipped over the limb, it was easily adjusted and easily removed. A fold of the walls of the vessels was then raised with the vein forceps, and small portions were snipped out with curved scissors; the exposed portions of the vessels were then carefully cleansed, and the canula, previously filled with a solution of carbonate of soda (¼ per cent. in water), introduced. At this point care was requisite to prevent the ingress of air, but there was no great difficulty, with proper manipulation. Turning the cock, the arterial blood would flow rapidly into the patient's vein, driving before it the soda solution, and it could readily be seen through the glass tube if any air-bubbles entered. When a sufficient quantity of blood had passed, the rubber ring was slipped over the limb, effectually compressing the vein. The canula was then removed and allowed to discharge into a graduated vessel for a period of ten minutes, by which the quantity of blood transfused during the period of the operation was readily calculated. The final steps consisted in removing the intermediate portion of vein and closing the wound with sticking-plaster. Dr. Sanders remarked that he was well satisfied with Hasse's apparatus, having employed it eight times, and only had coagulation in one case. One of his patients had severe hæmaturia, but recovered after losing about ten pounds of flesh. Prof. Thiersch called attention to the fact that many lambs were sold in the market that were known to have chronic joint affections, and it was likely that their blood would be poisonous. Dr. Hasse, in reply to several points, said that a case of hæmaturia, mentioned by Prof. Hueter, followed indirect transfusion with human blood, and that in forty cases in which his direct method was employed, he had only six cases of hæmaturia, and those not of as severe character as the one above alluded to. In reference to the animal, he recommends the selection only of perfectly healthy lambs, not over eight weeks old. Old sheep were not suitable for this purpose. He further observed that the more carefully the operation was performed, the less often did hæmaturia or hæmaglobinuria (Ponfick) occur. This complication was not the result of transfusion from the lower animals, for it occurred, and with many times the severity, where defibrinated human blood was used. Dr. Heller, of Dantzic, has recently reported a case (*Berl. klin. Woch.*, 32, 1874) in which he operated by Hasse's method in cancer of the pylorus, but the patient died in five hours. Dr. Thurn (*Ibid.*) reports five cases in which he has tried what is

virtually the same method. One of the patients, a consumptive, died at the end of four weeks, the others all did well.—*Medical Record*, October, 1874.

WHAT IS MALARIA?

Dr. Duff. Child, in the *Nashville Medical Journal* for September, 1874, sets forth evidence tending to establish the proposition that our so-called malaria is a compound of carbon, nitrogen and hydrogen, or cyanogen. This may be free or in combination. The idea is suggestive, but we think the doctor has failed to establish it. It is not new to regard decomposing animal or vegetable matter as a cause of malaria; but we do not remember hearing any one but Dr. Childs state that he had found the chemical compound which produces the mischief.

The doctor thinks that our anti-periodic remedies act by decomposing the cyanogen. Thus it is that our anti-periodics are fitted into each new theory. One man finds some animalculæ in the blood of an intermittent fever patient. Straightway he shouts, "Eureka." He finds that these animalculæ are killed by quinine, etc. Hence he concludes that malaria is an animalcule to be killed by anti-periodics.

This is all clear. But soon another man finds that if he clothes himself warmly with woolens, and carefully protects himself from all fogs and sudden changes, by extra garments, he can live and work in intensely malarial districts without being attacked by fever and ague. Hence, he concludes that simple changes in temperature, attended by moisture, are the source of chill fever. Then our chemical friend looks into the subject, observes that one element constant in all malarial districts is decaying vegetable matter. From this he concludes that rotten vegetable matter is a cause of chill fever. As an offshoot from this, we have the view of Dr. Child, before alluded to.

We cordially welcome each of these contributions to our stores of medical facts. The facts observed and confirmed are invaluable, as ultimately they will so accumulate as to suggest their own conclusions respecting the cause of malarial fevers. From our knowledge of the etiology of other diseases, we think it reasonable to suppose that the cause of this one is complex, containing perhaps all the elements we have mentioned, and many others.—*Detroit Review of Med. and Pharmacy*, October, 1874.

VITALITY OF JEWS COMPARED WITH THAT OF CHRISTIANS.

A writer in the *Medical and Surgical Reporter*, April, 1874, communicates several facts which, if universal, are worthy of most attentive consideration. He addressed letters of inquiry to all the prominent Jews in the United States, asking the question: "Do the Jews ever have consumption?" From every quarter he received one reply: "The disease is very rare among them." The writer states that in an extensive practice he never saw a single case of consumption among the Jews.

Why this comparative immunity from this disease? Answer to this is made by quoting (1) tables of vital statistics made up from observations in the great centres of civilization, England, Germany, France, etc. These tables revealed the following remarkable facts:

In the first five years of life, of one-hundred Jewish children, twelve die; of one-hundred Christian chidren, twenty-four die. Among one-hundred Christians, thirty-eight attained to fifty years. Among one hundred Jews, fifty-four attained fifty years. Thirteen Christians in a hundred attain seventy years, while out of one hundred Jews, twenty-seven attained seventy years. One quarter of all Christians attain only six years and eleven months. One-quarter of all Jews attain twenty-eight years and three months.

(2) In explanation of these facts, Dr. Neufville gives the following facts. There are no proletaries among the Jews, while one-tenth of the Christians live on charity. The difference between the Christian and the Jewish merchants is strikingly pointed out by the tables before quoted. These show that among one hundred merchants, one-half of the Christians die before fifty-seven, while one-half of the Jews live until sixty-seven. Why this greater relative longevity, this greater immunity from disease and tenacity of life among the Jews than among the Christians? Is it from their rigid adherence to articles of faith and the hygienic, sanitary and dietetic regulations of their religion? A careful scientific inquiry into the cause of the above facts would be of incalculable benefit. If it should be found that obedience to physical and other laws was the cause of their physical strength, etc., then we should learn how to rejuvenate consumptive and other degenerate classes.—*Detroit Review of Med. and Pharmacy* October, 1874.

DIAGNOSIS OF HEART DISEASE.

Dr. Geo. W. Balfour, in the Edinburgh *Medical Journal*, says: A truly cardiac patient, one suffering from actual disease of the heart, as a rule comes to you complaining, not of that organ, but of one or other of the secondary results of his lesion. He complains of breathlessness or of dropsy, either or both of which may result from that lesion if it be uncompensated, or if the compensation be ruptured. If the patient complain of shortness of breath, as is often the case, you will find that this cardiac breathlessness presents certain distinctive feature wherein it differs from pulmonary breathlessness, the most striking of these being the perfect tranquillity of the breathing while the patient is at rest, at the same time that any exertion at once produces so anxious a desire for more air as can be expressed by no fitter term than the air-hunger of the Germans. The amount of lesion is not to be measured by this breathlessness, but its seriousness, as dependent upon the degree in which the compensation is ruptured, may certainly be so. The patient may only puff considerably in going up a hill or ascending a stair, or his shortness of breath may be so great as speedily to compel him to call a halt on attempting either of these feats; or it may be so extreme as to prove distressing on making such perfectly trifling exertions as merely sitting up or turning in bed. At the same time there is no true dyspnœa, or difficult breathing properly so called; there is no obstruction either to inspiration or expiration; there may even be no curtailment of the air-space in the lungs, from any cause whatever; the breathing while the patient is at rest is perfectly quiet and natural; yet such is the difficulty, from cardiac causes, of getting the blood aërated, that the slightest exertion produces such a gasping inquietude as is extremely characteristic. This is one form of cardiac asthma, as it is termed; now and then we have another, in which the breathlessness, though not dependent upon exertion, is yet equally independent of pulmonary lesion. In this case the patient wakes gasping and alarmed from his first sleep; he has palpitation, occasionally pain (angina), almost always irregular action of the heart, which is always feeble; now and then the patient is sick, and sometimes vomits a mouthful or two. This form of cardiac asthma is mostly senile in character, and associated with muscular degeneration rather than with valvular lesion. It frequently arises from some slight gastric derangement, which reflexly affects the enfeebled heart in an injurious manner; and it is

often the beginning of the end to those affected, the first intimation that the "pitcher is broken at the fountain," and that death has already seized the very citadel of life. Such patients, however, never come to you, you are always sent for to see them; and I have only mentioned this affection now to illustrate the fact that exertion is not always necessary to produce cardiac breathlessness, and that even in this case the panting is characteristic, while the absence of pulmonary lesion marks its cardiac origin. To produce so-called cardiac breathlessness, however, it is not necessary to have actual cardiac disease. Breathlessness depends upon imperfect aëration of the blood, and in the absence of pulmonary lesion may depend upon lesion of the heart or of the blood itself. Even though a patient, then, presents all the characteristic symptoms of cardiac asthma, we must not therefore set him down as certainly laboring under cardiac disease; he may be only anæmic. But inasmuch as anæmia and cardiac disease frequently co-exist, the assured presence of the former, evinced by the bloodless condition of the lips, gums, etc., does not exclude the latter. The presence of breathlessness having the characteristic symptoms described, makes us certain that we have to do with a hæmic or a cardiac lesion; which it is, we must determine by further inquiries.—*Medical and Surgical Reporter.*

GELSEMINUM IN ACUTE MANIA.

BY C. C. CASTLE, M. D.

Gelseminum is one of the most remarkable remedies known to the profession, as it is one of the most valuable.

Its effect, when given in medicinal doses, is to relax the muscular system; it seems to be in no sense a narcotic or anodyne, except so far as it may indirectly alleviate pain by its relaxing qualities, where the undue strain upon the tissues may have occasioned it.

It is admitted that mania is due to some lesion of the brain; that the mind itself being usually believed to be immortal, cannot die, and, therefore, can take no steps leading to death; cannot be sick; and that it must be the organ of the mind that is affected; and it follows that it may be amenable to physical remedies.

In acute mania the condition of affairs we find is that the whole system is strained up to a high point of tension, exactly indicating gelseminum.

For several years I have used this remedy with happy results, giving from 10 to 40 drops every half hour, until the eyelids begin to droop, and thus show its effects. In almost every case the patient can be thus controlled without mechanical restraint.

I might give numerous cases, but with the average physician, I consider that this brief article will be sufficient to commend the use of this estimable medicine to a trial, at least.—*New Jersey Eclectic Med. and Surg. Reporter*, October, 1874.

ACTION OF CHLORAL ON THE BLOOD.

In a communication to the Paris Academy Drs. Feltz and Ritter enumerate the following conclusions from experiments on this subject:—

1. A solution of chloral (titrated to a fifth) injected into a dog's veins, causes the death of the animal, if the dose exceed 0.25 gramme per kilogramme. The temperature falls some tenths of a degree, seldom one degree. The respiration momentarily accelerated, is soon retarded, becomes tetaniform, and stops; and along with these phenomena may be observed a trembling of the respiratory muscles, great paleness of the mucous membrane, some convulsions of the ocular globe, and great dilatation of the pupil. The heart-beats increase in frequency, become irregular and cease an instant after the respiration. Conscious sensibility disappears before reflex sensibility; the latter is followed by muscular atony. There is no lesion found in the blood or in the viscera; death appears to be due to the action of the chloral on the nervous centre which governs the respiration.

2. The effects produced are different when one injects into the animal only the dose of chloral necessary to anæsthesia, and maintains it in this state by successive injections of fresh quantities whenever the reflex sensibility appears to return. Death occurs after twenty-four hours or thirty hours at the most. The dose of chloral necessary to maintain anæsthesia continuously diminishes, and the interval of the injections is more and more extended; four or five hours before death all injection becomes useless. The number of inspirations and expirations diminishes slowly and progressively, and is at length reduced to five or six in the minute. The heart-beats are accelerated as the respiration diminishes; the pulse, small, weak, and thready, ceases to be perceived, while the

noises of the heart still persist. The arterial tension, indicated by the hæmodynamometer, falls.

The temperature falls only one to six degrees (Cent.) during the first six hours; it rises again rapidly from this point. We have seen it reach seventeen degrees; nearly always death takes place between twenty-four and twenty-eight degrees.

The saliva flows abundantly during the first hours; it becomes exhausted from the time when the temperature is notably lowered. Urine and dung are excreted from time to time.

The urine contains hæmoglobin in solution, easily recognizable with the spectroscope. The search for colouring matters of the bile, by the most delicate methods, has always led to negative result. In two cases we have found glucose, which reduced Barreswil's liquor, was rendered brown by potash, and fermented alcoholically with beer-yeast. The urine always remained acid. The red colour of the urine frequently coincides with ecchymotic spots in the digestive mucus. The lungs, the liver, and the kidney, always hyperæmic, never presented infarctus.

The alterations of the blood are profound; the corpuscles, deformed, have lost their elasticity; the plasma presents a red colour, which increases more and more. The field of the microscope is rapidly covered with crystals of hæmoglobin. We may state that we have never observed the like after section of the peumonogastrics, though this operation brings on some phenomena similar to those which we have observed during chloralization. The alteration of the blood is further shown from analyses of gases of the blood made at different periods of the chloralization, and by the capacity of absorption of this liquid for oxygen with which it is agitated. Without insisting on these various points, we content ourselves with saying here that the arterial blood of a dog, shaken with oxygen, takes up 250 cubic centimetres per 1000 before chloralization, and only 175 before death.

3. The toxic action of chloral is sometimes manifested after the waking of the animal, when the chloralization has been prolonged for a dozen hours, and the temperature has fallen to 30° Cent. (86° Fahr). The alterations of the blood and the urine are then the same as we have described.

The waking of the animal is more rapid, the less the temperature and pressure have been lowered. Reflex and conscious sensibility appear in the first place; it takes two or three hours for the ataxic movements to be regularized.

We have found, in studying the products of respiration, that the greater part of the chloral is exhaled without being transformed. The product of condensation, a little milky, had not the least odour of chloroform, but it reduced, in heat, an ammoniacal solution of nitrate of silver. This character is common to chloral and to chloroform; but a solution of this latter substance which should produce a reduction to the same degree as our liquid of condensation would have a manifest smell and taste of chloroform. The condensed product further renders green a mixture of bichromate of potassium and sulphuric acid; this character does not belong to chloroform but to chloral. We have been able to assure ourselves, also, of the presence of another organic substance, but the small quantity we have hitherto succeeded in isolating does not allow analysis.—*American Jour. of Med. Sciences*, Oct., 1874.

EXTRACTION OF A PIECE OF STEEL FROM THE VITREOUS HUMOUR BY THE MAGNET; RECOVERY WITH ALMOST PERFECT VISION.

A most extraordinary case of this is recorded (*Brit. Med. Jour.*, June 20, 1874,) by Dr. Wm. A. McKeon, Surgeon to the Ulster Eye Hospital. A boy, æt. 15, while striking a rivet was struck by a fragment from the hammer in the corner of the right eye. The sphincter of the pupil was cut at the outer margin, and the iris at that part towards its peripheral attachment. The boy could count fingers easily. The ophthalmoscope showed no trace of opacity of the lens; and the fundus of the eye could be seen distinctly, except a small part at the temporal side. Deep in the vitreous body at that part were observed, by direct illumination, opacities situate near to the retina, and showing a marked tendency to a dependent position, as if somebody were pulling them down. Sometimes, at the lower part of one of the opacities, a silvery streak appeared, as if from the sharp margin of a bright metallic body. On throwing the light obliquely from the mirror held to the left of the middle line of the patient, and placing my eye in such a position as to receive the rays reflected from the opacities, they appeared red, with a very lustrous aspect, as if some bright reflecting substance were imbedded; whilst the margin before referred to could also be recognized. To all present at the examination, the evidence of the presence of a foreign body, masked by a slight effusion of blood in the vitreous, was convincing. The

metal had taken an extraordinary course, as, after penetrating near the centre of the cornea, wounding the iris, and passing behiud it, it turned round the margin of the lens, apparently without wounding it, and entered the vitreous body.

The next day the patient suffered great pain, and the media of the eye had become so cloudy the foreign body could no longer be detected. After full consideration as to the best method of procedure, Dr. McK. obtained a magnet about eight inches long, one inch broad, and one line thick, and tapering at both extremities to a blunt point.

"The patient having been etherized, I made an incision about two and a half lines in length in the sclerotic at the outer part, about two and a half lines from, and parallel to, the corneal margin. A pair of iridectomy-forceps were introduced into the vitreous humour, but they failed to touch the body. I then tried the magnet. I introduced the pointed end into the vitreous humour as far as its shape would admit, and directed it backwards towards the posterior pole of the eye. The foreign body was felt to become detached; but it was only on the third trial that I had the satisfaction of withdrawing the metal on the end of the magnet.

It was oval in shape, about a line long, and half a line broad, sharp on the edge, particularly on one side. The thickest part was about a quarter of a line. It weighed half a grain.

"Although the magnet seemed a clumsy instrument to thrust into the eye, yet it answered the purpose admirably—it fulfilled the important indication of perfectly preventing loss of vitreous humour during the operation. The foreign body was twice removed from the magnet by the grasp of the margins of the sclerotic wound. For this reason, it would be an advantage to have on each side of the end of the magnet a little slide, which could be pushed down about a line past the extremity of the magnet, so as effectually to shield the foreign body from contact with the edges of the wound at the time of withdrawing the instrument from the eye.

"The vitreous body, whilst it retains its structure, offers great resistance to the passage of a foreign substance through it by magnetic attraction. Suppose a piece of metal to be under the influence of the magnet, and that the vitreous body between the substance and the magnet be sound, the most powerful magnet will not draw the foreign body through the vitreous humour; but the vitreous humour, if there be space to move in, will move in mass

with the body, and attempt at extraction will fail. Hence it is necessary that the vitreous humour intervening should be broken up, so as to make a passage whereby the metal may pass. The knife by which the incision is made should be used for this purpose, or even the end of the magnet itself.

"The boy remained in hospital three days, and was subsequently treated as an extern patient. The treatment consisted in the instillation of a solution of atropia and the application of the compress bandage. No pain was felt after the operation; the media of the eye cleared rapidly; and the vision improved from day to day. In a short time, the wound in the cornea was scarcely perceptible; the iris, where it was cut and bruised, seemed to atrophy, the rest of it remaining healthy; the lens retained its transparency; the vitreous body showed some slight filmy opacity where the foreign body had been lodged. The field of vision was perfect, save the small part to the nasal side corresponding to the part of the retina in the neighbourhood of the wound.

"On the 13th of December last, I brought the patient before the members of the Ulster Medical Society, when we found the state of matters above described. I tested his vision, and found that he could read No. 2 of Snellen's types at one foot—a degree of acuity extremely satisfactory. In fact, the boy notices very little difference between his eyes. He resumed his work soon afterwards, and has continued well ever since."—*American Journal of Med. Sciences*, October, 1874.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Typhoid Fever and Cold Baths.

In a recent pamphlet on this subject, Dr. Bondet gives an account of some results of the employment of the so-called "method of Brand" during the epidemic at Lyons in the months of April and May of the present year.

Its principle, we may remind our readers, consists essentially in the administration of a bath of 68° F., continued for fifteen minutes, every three hours, so long as the temperature of the patient is above normal, cold affusions being substituted after the first day or two. Of ten females thus treated, one had a bed-sore

over the sacrum, and died of pneumonia contracted on the nineteenth day, after eleven days of the treatment; and one other had erysipelas of the face. Of other patients treated in the Hotel Dieu by the same method eleven out of seventy-five died, and in private practice five out of twenty, making in all a mortality of 16 per cent. Of these cases one died of syncope on removal from the bath, five from pneumonia, one from facial erysipelas, two of perforation, two of enterorrhagia, two of diphtheritic angina, three of adynamia, and one from the blood condition. In addition to the fatal accidents, numerous complications were observed, of which bronchitis, broncho-pneumonia, and various forms of angina were the most frequent. The post-mortems proved that the intestinal lesion proceeded unchecked by the treatment.

In contrast with the above mortality, the author had fifty-two other cases under his care, treated without baths, of which only one was fatal. He concludes that the method is absolutely dangerous if used indiscriminately in all cases, and that it is only applicable in the early stage of severe attacks, or where the fever is of adynamic type.—*American Med. Weekly*, Sept. 26, 1874.

Advice as to Blisters.

If you want a mustard-plaster, and don't want a mustard-blister, please observe this bit of advice: Don't mix your mustard with the white of an egg—do n't do it—for if you do, language will fail you—fury will seize you, and you will discover, upon examination, that that embryotic chicken mixed with a little mustard had fire enough for a full-grown game rooster. No, no, stir up that mustard with any thing else, vinegar, alcohol, gunpowder, or even nitro-glycerin, but shun the white of an egg as a mad dog would a pail of water. Yes we know we told a different story some time since. We believed it then—we thought it a valuable contribution to the pharmaceutical knowledge of the country, and, as such, we wanted our readers to have the benefit of it. They have, and we do n't overstate the case at all when we observe that one or two of them consider it altogether too much of a benefit. Why, the fact is that mustard and the white of an egg mixed together and left alone will generate heat enough to kindle a small fire. Indeed, we should not be surprised if a careful analysis of a white heat would discover that mustard and eggs were the principle constituent parts. A friend of ours felt the need of a mustard-plaster, and we had just printed that if the mustard was

wet up with the white of an egg, all the beneficial results of the application could be realized without the blistering. Of course the new process was tried. The plaster applied was about the size of your hand. The portion of the person from which the cuticle was entirely removed might have been covered with a palm-leaf fan. The fact is it spread wider, burned deeper, bit sharper, and altogether proved the most blistering compound ever concocted in that household. The first information which we published on this subject, we found in an exchange. The second—which is not like unto it—was conveyed to us from an individual who had taken our first statement in confidence. The first, evidently, was an ebullition from the brain of some crazy doctor; the last is born of experience, and is worth remembering.—*Tennessee Pharmacal Gazette*, October, 1874.

Note on Powdering Camphor.

George F. Ebert, in the *Pharmacist*, suggests glycerine as an efficient agent for overcoming the tendency, in powdered camphor, to aggregate again into solid lumps. The following is his formula:

Take of	Camphor	6 ounces.
	Alcohol	5 fl. drachms
	Glycerine	1 fl. drachm.

Mix the glycerine with the alcohol, and triturate it with the camphor until reduced to a fine powder.—*Detroit Review of Med. and Pharmacy*, Oct., 1874.

The Value of Guarana in Chronic Rheumatism.

Dr. Edward A. Rawson, Assistant Surgeon to the Carlow Infirmary, writes to the *Irish Hospital Gazette*, April 15th:—

Suffering severely from lumbago, and finding all vaunted remedies fail I tried guarana as an experiment. I took fifteen grains blended with hot water, and added cream and sugar. For twenty-four hours afterwards I had a delightful relief from pain. I thought it must be a coincidence; but, on a return of the lumbago, took another dose in the same manner and with a similar result. I gradually increased the dose to forty grains, and took it regularly, once a day, for about a week. The lumbago disappeared. I gave up the guarana, and in a few days the pain in the back returned. A forty-grain dose removed it, and it did not return for several days afterwards. Now, whenever it does, I have my remedy at hand. During the last month I have experimented largely with guarana on a variety of patients, rich and poor. The results vary. When

the pain is acute, coming on with sharp stings, guarana acts like magic; when it is of a dull, aching character, the drug is slower in its action, and several doses must be taken before any decided benefit can be perceived.

I have come to the following conclusion, viz., that whenever the fibrous envelopes of nerves, the aponeurotic sheath of muscles, the fasciæ or tendons are the parts affected, guarana gives, if not instantaneous, at least very immediate relief, which will last from twelve to twenty-four hours; and I confidently expect that perseverance in the use of the drug, gradually increasing the dose up to forty grains, will entirely remove any of the above-mentioned kinds of rheumatism.

Of the good effects of guarana on nervous hemicrania there is no doubt; and I trust it will prove, in other hands, as valuable against rheumatism as it has in mine.

I find guarana was examined by Martius, in 1829, and by Gravelle in 1840. According to them "it stimulates, and at the same time soothes, the gastric system of nerves, and reduces the excited sensibility of the cœliac plexus, thereby diminishing febrile action, and strengthening the stomach and intestines, particularly restraining any excessive mucous discharges; at the same time increasing the action of the heart and arteries, and promoting diaphoresis."—*Druggists' Circular*, August, 1874.

The Treatment of Acute and Chronic Bronchitis and Asthma.

The following, upon the treatment of the above distressing maladies, from the pen of Dr. W. H. Spurgin, in the *British Medical Journal*, is suggested:—

I have tried iodide of potassium in over a hundred cases, with almost invariable success, that patients have expressed themselves by saying, "It has acted like a charm;" others have said that no medicine ever had any real effect upon their complaint before. Iodide of potassium has a marked effect upon the breathing, reducing the frequency of the respirations, perhaps (as I think) overcoming spasms. Almost after the first dose patients have stated they have felt the medicine touch their complaint.

I usually prescribe it with carbonate of ammonia, and, when the cough is very troublesome, add tincture of belladonna and ipecacuanha wine. In the above complaints I rarely give anything else but the above.

In one case of a very severe broncho-pneumonia I tried iodide

of potassium, with tincture of hyoscyamus and ammonia, and the respirations were quickly and astonishingly reduced from forty in a minute to less than half that number.

In conclusion, I should add that I have purposely given a mixture containing ammonia, belladonna, ipecacuanha wine, spirit of sulphuric ether, etc., without iodide of potassium, and have not found much benefit; after which I have added iodide of potassium, and found the patient relieved almost at once.

I have given this remedy about one year's trial, and can confidently recommend iodide of potassium as the remedy in these troublesome complaints.—*Medical and Surg. Reporter*, Oct., 1874.

Collodion in Herpes Zoster.

Dr. T. K. Holmes, Chatham, Ontario, in the August No. of the *Peninsular Jour. of Med.* (Detroit), in cases of herpes zoster, recommends protecting the affected surface with a thick coating of collodion, applied daily. He says that "it certainly gives almost instantaneous relief in many cases, and a pretty large number will make a rapid recovery without any other treatment." To test the value of the collodion, of eleven cases recently under his care, three were treated with quinine, opium, arsenic, potassium iodide, and tonics internally, with benzoated zinc ointment, warm soothing lotions, poultices, and astringent lotions used in succession externally. They recovered in three, five and eight weeks respectively. All suffered acutely the whole time except when under the influence of opiates. But of the eight remaining cases treated by daily applications of collodion, three recovered in five days, four in six days, and one in seven days. In each, however, a certain amount of redness remained at the seat of the eruption for a few days, but they were all able to pursue their usual vocations without pain or inconvenience on the days specified.—*Virginia Medical Monthly*, September, 1874.

Emulsion of Raw Meat.

At a meeting of the Société d'Emulation pour la Science Pharmaceutique, M. Yvon proposed the following as an excellent form for the administration of raw meat:

Raw Meat	℥ viij.
Sweet Almonds	℥ ijss.
Bitter Almonds	ʒ jss.
White Sugar	℥ ijss.

The almonds are blanched, and the whole beaten together in a mortar until a rose colored homogeneous paste is obtained. This is of an agreeable flavor, and may be mixed with water to form an emulsion, or it may be beaten up with the yolks of eggs, and mixed with milk instead of water.—*Detroit Review of Medicine and Pharmacy*, Oct., 1874.

Editorial.

Scrofulous Enlargement of the Cervical Glands, Treated with Iodo-Bromide of Calcium Comp.

Allegheny City, Pa., October 2d, 1874.

EDITORS OF THE "JOURNAL OF MATERIA MEDICA:"

Gentlemen—It affords me pleasure to give you briefly, some of the results of treatment with Elixir Iodo-Bromide Calcium Comp., under my care; at some future time, I will add other important cases under the same treatment

CASE 1st.—A prominent citizen of Detroit, Mich., J. C., age 30, of strumous diathesis, came under my observation incidently, on his way to New York to seek medical advice for a scrofulous enlargement of the cervical glands. So great was the enlargement that it amounted to absolute deformity.

In obedience to advice received in New York, from one of the most eminent physicians in that city, the patient made a voyage to Europe and visited various mineral springs on the continent, taking advantage of various climates, changes, &c. In the Fall of 1873, he returned to New York, his general health was somewhat improved, but the enlargement of the glands *not abated in any degree.* At the suggestion of his physician he proceeded to Florida, where he spent the winter of 1873 and '74.

On the 2d of May following, he presented himself at my office. In the two years which had elapsed since I first saw him, I was satisfied, that beyond a little improvement of his general health, he had received no benefit. At his request, I took charge of his case, and advised "Elixir Iodo-Brom. of Calc. Comp.," in the usual doses prescribed—no restriction as to place of residence, diet or occupation.

On the 17th of September following, he again presented himself for examination. He had then been under treatment with the Elixir, four and a half months continuously, *having taken no other medicine meantime.* All enlargement of the glands had disappeared, his health generally was greatly improved, and I discharged him with the injunction, to leave off taking the medicine for a month or two, after which time, to resume it for a month when he might cease using it permanently, provided there were no indications of remaining disease.

I have not been more gratified than the patient himself with the result in this case, and feel it due to the Profesion, to say that it can be attributed entirely to the application, as stated, of the New Alterative Compound.

Case 2d. Miss. M. age 19 came to me for treatment in February 1874. All the lymphatic glands of the neck were very much enlarged, some of them in a state of suppuration, one of which was discharging strumous pus. This patient was excessively fat and plethoric, and in all other respects, save as to the condition of the neck, she was apparently in good health. Wherever fluctuations indicated a collection of pus, I made an incision, giving vent to the pent up fluid, then prescribed saline laxatives internally, and poultices to the suppurating glands. Two weeks later, the discharge from the neck having abated, I put her upon Iodide Potassium, 10 grains, 3 times a day. This treatment was continued for several weeks, with the result of reducing her flesh. Inasmuch as the Iodide of Potassium, although taken before meals, produced considerable irritability of the stomach, I discontinued its use. A few days later, I put her upon Cod Liver Oil, with the local application of Mercurial Ointment to the neck, suppuration having ceased. In the course of a week she returned to my office saying she could not take Cod Liver Oil. At the time of this visit, the glands were still so enlarged, that the neck was more in shape like that of swine than the human form. In this condition, about the middle of April, I prescribed the Elixir Iodo-Bromide of Calcium Comp., a desertspoonful 3 times a day, which she continued to take without interruption until about the middle of September, when I directed her to cease its use; nothing now remaining to show that she had any disease of the neck, excepting several cicatrices, at points where suppuration had occured.

These two cases seem to prove, that in this new alterative, we have a more certain remedy against this manifestation of Scrofulous diseases, than we have hitherto possessed, and so far as I have prescribed this remedy. I find less objection by patients than to the usual remedies employed.

R. STRANSBURY SUTTON, M. D.

THE PHYSICIAN'S DIARY.

BY B. F. HUMPHREYS, M. D., HAWKINS, TEXAS.

We would respectfully commend to the attention of the profession the very excellent letter of B. F. Humphreys, originally published in May *Journal* of this year, and which we take great pleasnre in reproducing here:

Have you seen that beautiful and elegant little volume, published at the *Office of the Journal of Materia Medica?* If you have, you will admit that it is a real *Souvenir* worth ten times its cost to the physician. If you have hot already become the owner of one, you should send one dollar to the publishers for the Diary. Having once seen or used it, you will not be willing to do without this valuable little annual, though it should take your "bottom dollar." You will have it every year,

How is it possible for the publishers to get up such a neat and substantial volume of 312 pages, for such a trifling sum, is a mystery! There are 108 pages of printed matter worth the price of the book, as a reference on various subjects. There are over 200 pages, (blank,) ruled most elegantly, with the appropriate printed headings on each page.

The Visiting List and Record, consisting of 105 pages, contains some new features, in the arrangement, that will prove to be more acceptable than any others that we have seen. The List is designed for 30 patient weekly. Those so fortunate as to have more than this number can interline. The blanks are: 1 Name and Residence. 2 Day of Week and Month. 3 Amount of Bill. 4 Age. 5 Sex. 6 Disease. 7 Remarks. What *more or less* could you want?

Next in order, Obstetric Calendar and Record, Special Memoranda, Monthly Memoranda, Vaccination Record, Record of Deaths, Nurses, List of Things Lent, Cash Record, Miscellaneous Addresses, General Memoranda, Memoranda of Medicines Wanted.

It is neatly ruled and printed on the very best paper, gilt-edges, morocco binding, tuck, pocket, &c. We should think the physician very hard to please, who fails to perceive and acknowledge the entire accuracy of this beautiful little Diary.

How many physicians lose a dozen times the cost of this book, each year, by neglecting to charge for an occasional visit or prescription? How often in posting, do we see a name, and "happen" to think of an uncharged visit or prescription? This little Souvenir will prevent any mistake of that kind. And besides all this, it is so convenient, when pushed in practice—hardly getting time to sleep—to let the account books alone until we have time to post; which can readily be done from the Diary at any time.

Whoever uses this Diary once, will ever afterwards consider it a *sine qua non*. We have seen some other styles of Visiting Lists, but nothing so convenient and satisfactory, in every respects, as the *Physician's Diary*, published by Messrs. TILDEN & Co., New Lebanon, N. Y.

Elixir Iodo-Bromide of Calcium Compound.

MESSRS EDITORS:—I have just discharged a patient, cured, whose case illustrates the sanative powers of the Iodo-Bromide of Calcium Comp. over certain forms of disease, and I have thought fit to give you a brief outline of the case as an additional testimonial in favor of the Elixir.

About three and a half years ago, Katy Fox, aged ten, was seized with acute periostitis resulting in necrosis of the Tibia. After the subsidence of acute inflammatory action, I put her on the use of the Elixir Iodo Bromide of Calcium Comp. I had some time previously opened an abscess just below the knee, and the draining of this, together with a profuse discharge of sanious and ichorus pus from several resulting ulcers, had reduced and emaciated her system to the verge of hectic. Within three weeks after

commencing with the Elixir there was marked improvement in the patient's general condition and in the character of the discharges, which became less copious and assumed more the appearance of laudable pus. In good time the morbid action was arrested, and the formation of new bone and separation of the sequestrum progressed favorably. I kept her on the use of the Elixir four or five months, with occasional intermissions of a week or two. Two weeks ago I removed the sequestrum which is five inches long, and represents about two-thirds the circumference of the old tibia. It was undoubtedly loose and should have been removed many months ago, but as the patients general health was excellent and she only suffered slight local inconvenience from the discharges of the cloacæ, the parents neglected to call on me. Rapid granulation and healing of the wound and ulcers commenced after the removal of the sequestrum. Patient's health is now excellent and she suffers not the slightest inconvenience from the effects of the disease. The patient is of marked scrofulous diathesis, and some time previous to the attack of necrosis was the worst case of Cerebro-Spinal Meningitis I ever saw to recover.

I had, also, in the Summer of '73, a most unpromising case of caries of the ankle joint—or, at least, of the lower end of the tibia and fibula, in a lad of sixteen. The disease had been in progress three months when he came under my care, and the patient was emaciated to the last degree, scarcely able to raise his head, while the pain he suffered was atrocious. The ankle-joint seemed a mass of disease, and the probe could be passed from side to side, directly through the centre, with ease. I thought if I could save the patients limb, even with complete anchylosis of the joint, I would be very successful, and so told him and his friends. I at once put him on the use of the "Iodo," with anxiliary treatment, and progressive improvement dated almost from that hour. In less than three months he could go about on crutches, and went to school during the Winter. He was at work again this Summer with but a slight limp in his gait, there being *almost normal mobility of the joint.*

LOCK HAVEN, PA., Oct. 1st, 1874. IRA D. CANFIELD, M. D.,

Synopitis of the Knee-Joint.

Extract from letter of C. J. HILL, Utica, N. Y., Oct. 9, 1874. "I have been using your 'Iodo-Bromide of Calcium Comp.' with success. The last case I tried it in was synopitis of the knee-joint. The case had been treated for Rheumatism for six weeks without success by another physician who had blistered, cupped, leeched and fomented to his hearts content. The case came into my hands at this time, and I gave the Elixir Iodo internally and applied the solution externally. In four weeks time the swelling had so far disappeared that the patient could walk without crutches. There remained a slight immobility of the joint, but I think in time he will recover the entire use of the limb. In my opinion he would have made a much more rapid cure if he had had the Iodo at the commencemeet of the disease."

Fluid Extract of Ergot.

Messrs. EDITORS JOURNAL MATERIA MEDICA:—My attention was recently called to your Fluid Extract of Ergot, prepared after the Formula of 1874. Your agent presented us a small quantity of it which I used in cases of Hæmoptysis and Post-partum Hæmorrhage, and with such happy results that I desire to communicate in part, the same to you.

In one case of post-partum hæmorrhage which threatened to be anxious, I had recourse to your Ext. of Ergot, and found its contractile action upon the womb both prompt and eminently serviceable. Without Ergot of a reliable strength, this case no doubt would have proven exceedingly troublesome.

Again I have used it in several cases of Hæmoptysis, where its value has been unquestionable, and find it usually the one thing needed to give relief in a certain type of cases of menorrhagia and dysmenorrhœa, though in the two latter affections I ordinarily combine it with the Fluid Ext. of Hyoscyamus. For headache, especially from fullness of the cerebral vessels, and for restlessness at night, that peculiar insomnia, which often, it seems to me, depends upon erethism of the cerebral arteries, it acts like a potent charm giving the weary one refreshing sleep. Excitable females whose minds are too active, and whose complaints of "wakeful nights" come so often to our ears—owe this nocturnal activity of the brain, often I think, to erethism of the cerebral vessels. These cases are easily distinguished by careful stndy, and the Ergot supplies a want that nothing else fills. The need of a standard reliable extract need not be suggested.

BROMO-CHLORALUM.

Extract from letter of E. A. HULL, M. D., Berlin, Rensselaer Co., New York, Gentlemen—I wish to call your attention to the prompt action of your Bromo-Chloralum in the sore throat of Scarlet Fever. Not long since I was called upon to treat 5 cases of Scarlatina Anginosa, all in one family; the throats were all very bad from the beginning more particularly so in the case of the oldest patient aged 17 which bordered on Scarlatina Maligna. In this particular case, there was so much putridity of the throat and tonsils that I prescribed a gargle of Bromo-Chloralum diluted. I prescribed this more from its known powers as a disinfectant than anything else, but upon visiting my patients next day I was so surprised to see the improvement in the appearance that I prescribed a weaker dilution for all the other cases, and the rapidity with which they all got well was truly astonishing. I think if Physicians will give this a trial they will find it "just the thing," in all cases of sore throat of Scarlet Fever.

Yours with esteem, E. A. HULL, M. D.

☞Correspondents will oblige us by writing plainly their *names, Town County and State.* We are frequently unable to answer letters because these are omitted.

THE

Journal of Materia Medica

DEVOTED TO

Materia Medica, Pharmacy and Chemistry.

Vol. 13.] NOVEMBER, 1874. [No. 11.

Communications.

RHEUM PALMATUM.

(*Rhubarb.*)

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Polygonaceæ. *Lindley* and *Jussieu.*

In the Linnæan, or sexual system, this plant will be found in *Class* Enneandria, and *Order* Monogynia. EATON & WRIGHT locate this Genus in Order Trigynia.

GENERIC CHARACTER.—*Corolla*: Perianth inferior, one-leafed, narrowed at the base, with a six-cleft border; the segments blunt, alternately small, shriveling. *Stamina*: filamenta nine, capillary, inserted into the corolla, and of the same length with it; antheræ twin, oblong, blunt. *Pistil:* germen short, three-sided; styles scarcely any; stigmas three, reflexed, feathered. *Pericarp:* none. *Seed:* single, large, three-sided, acute, with membranaceous margins.

SPECIFIC CHARACTER.—Leaves palmate, somewhat rugged; the sinus at the base dilated; petioles obscurely grooved above, rounded at the edge. Root perennial, thick of an oval shape, and sends off long tapering branches; externally it is brown, internally of a deep yellow color; stem erect, round, hollow, jointed,

sheathed, slightly scored, branched toward the top, from six to eight feet high.

HABITAT.—With some its native country is yet an unsettled question, however there appears to be sufficient evidence on this point, from various sources, that China, Thibet and Tartary—that region of country is its place of nativity. An English author states:—"It was not until the year 1732, that botanists knew any species of Rheum from which the true Rhubarb seemed likely to be obtained. Nor was this species at first very generally received as the genuine plant, until BOERHAAVE procured from a Tartarian Rhubarb merchant the seeds of the plants, which produced the roots he annually sold, and which were admitted at St. Petersburgh to be the real Rhubarb.

MEDICINAL PROPERTIES.—Cathartic, tonic and astringent.

PHYSIOLOGICAL EFFECTS.—In doses from four to eight grains, its action is that of an astringent tonic. It operates principally upon the digestive organs. In relaxed conditions of these parts, says PEREIRA:—"It promotes the appetite, assists the digestive process, improves the quality of the alvine secretions, and often restrains diarrhœa. In large doses, as from twenty to sixty grains, it operates slowly and mildly as a purgative, sometimes causing slight griping. It never inflames the mucous membrane of the alimentary canal, as jalap, scammony, colocynth and some other drastic purgatives are capable of doing. The constipation which follows its cathartic effect has been ascribed to the astringent matter. In febrile complaints and inflammatory diseases, it sometimes accelerates the pulse and raises the temperature of the body; whence the impropriety of its use in these cases. Under the use of rhubarb, the secretions, especially the urine, become colored by it. According to HELLER, the color which the urine acquires under the employment of this medicine depends on the acid or alkaline condition of this secretion; if acid, it is yellow; if alkaline it becomes reddish-yellow or blood-red. From SCHLOSSBERGER'S experiments it appears that the color is communicated to the urine by the resins, and not by the crysophanic acid, which, when pure, neither operates on the bowels nor colors urine. Urine colored by rhubarb stains the linen, and is reddened by caustic potash. The cutaneous secretions, especially of the arm-

pits, also become colored under the use of rhubarb. The milk of nurses, who have it, is said to acquire a purgative property. Considered in relation to other medicinal agents, rhubarb holds an intermediate rank between the bitter tonics on the one hand, and the drastics on the other. From the first, it is distinguished by its purgative qualities; from the latter, by its tonic operation and the mildness of its evacuant effects. As a purgative, it is perhaps more closely allied to aloes than to any other cathartic in ordinary use; but it is distinguished by its much milder operation and its want of any specific action on the large intestines."

HISTORY.—PEREIRA states:—"The later Greek writers are supposed to have been acquainted with our rhubarb. ALEXANDER of Tralles, used it in weakness of the liver and dysentery. PAULUS ÆGINETA, in noticing the practice of the ancients, says, "Alvine discharges they promoted by giving turpentine to the extent of an olive, when going to rest; or, when they wished to *purge* more effectually, by adding a little rhubarb' (rheon). This is the first notice of the purgative properties of rhubarb." The purgative principle of rhubarb has not yet been isolated.

OFFICINAL PREPARATIONS OF RHUBARB.—Extract of Rhubarb. To one pound of the root, reduced to a coarse powder, add alcohol, so that four pints of filtered liquor are obtained, evaporate this to a proper consistence. Dose.—From ten to thirty grains.

FLUID EXTRACT.—Evaporate the alcoholic solution as obtained for the simple extract, to ten fluidounces. To this, add ten ounces of sugar, and one fluidounce of tincture of ginger, holding in solution eight minims each of oil of fennel and oil of anise. Dose—As a purgative, half a fluidrachm.

INFUSION OF RHUBARB.—To one drachm of rhubarb add half a pint of boiling water, digested during two hours in a covered vessel, then strain. Dose—one or two fluidounces repeated every three or four hours till it operates.

PILLS OF RHUBARB.—℞. Six drachms of rhubarb and two drachms of soap, make one hundred and twenty pills. Dose, three or four as a laxative.

COMPOUND PILLS OF RHUBARB.—℞. One ounce of rhubarb, six drachms of aloes, half an ounce of myrrh, and half a fluidrachm of oil of peppermint; make into one hundred and forty pills. Dose—from two to four.

SYRUP OF RHUBARB.—Add syrup to the tincture of Rhubarb.

AROMATIC SYRUP OF RHUBARB.—Use the tincture of rhubarb, cloves, cinnamon and nutmeg, and adding simple syrup.

TINCTURE OF RHUBARB.—℞. Three ounces of rhubarb and two pints of alcohol, and flavored with cardamom seeds.

TINCTURE OF RHUBARB, COMPOUND.—This is formed by adding to the tincture, liquorice root, ginger and saffron.

TINCTURE OF RHUBARB AND ALOES.—Add to the tincture, aloes and cardamom seeds.

TINCTURE OF RHUBARB AND GENTIAN.—This is an alcoholic solution of rhubarb and gentian.

TINCTURE OF RHUBARB AND SENNA.—Dr. Stillé observes:—"In the preparation of this tincture are used, besides rhubarb and senna, coriander and fennel seeds, red saunders, saffron, liquorice and raisins. It is adapted to relieve constipation in persons debilitated by gout, and in whom the digestive organs are impaired. Its dose is from half a fluidounce to two fluidounces.

WINE OF RHUBARB.—Two ounces of rhubarb and a drachm of canella are macerated with two fluidounces of alcohol, and exhausted by means of sherry wine. It has the same general properties as the tinctures of rhubarb, but is less stimulating. Dose—from one to four fluidrachms repeated if necessary."

THERAPEUTICAL EMPLOYMENT.

Dyspepsia.—In dyspepsia, says Dr. WARING, "Rhubarb proves highly serviceable, being warm and carminative in its nature, speedy in its action, and neither stimulating nor drastic. It was highly esteemed by the late Dr. BAILLIE, as quoted by WARING, who advised gr; viij. made into pills with soap, to be taken every night at bed-time, together with some mild, bitter infusion, and an alkali in the day-time. This he states, if persevered in, proves more beneficial than any other remedy he knows of. Dr. TODD* testifies that he has derived great benefit from the following mixture, originally proposed by Dr. FOTHERGILL; ℞. Aloes, ʒj. Rad. Rhei, Rad. Glycyrrh. *aa* ʒss. Spt Lavand. Co., f ʒ ss. Aq. Calcis f. ʒ viij., M. Infuse for twelve hours, and strain. Dose—two tablespoonfuls, two or three times daily. Dr. Chapman

* Cyc. Pract. Med., vol. ii, p. 618.

extols his "peristaltic persuaders," which are thus composed: ℞. Pulv. Rhei. ʒj. Pulv. Ipecac, Rad. gr. x., Ol. Carui. gtt. x, G. Acaciæ, q. s., ft. pil. xx, sumat. ij., omni nocte. An old plan of administration, but one which often proves highly useful, is for the patient to chew a piece of solid Rhubarb. By this means no more is swallowed than what is dissolved in the saliva, and this is sufficient to keep the bowels regular, and to impart a tone to the digestive organs without producing any subsequent constipation. I have known men employ it thus for years with evident advantage."

Bismuth or pepsine, in combination, or alternated with rhubarb will often prove beneficial.

Diarrhœa.—Dr. Stillé says, in the form of diarrhœa incident to debility of the bowels, either when this condition depends upon general causes alone or is the immediate effect of irritating ingesta, rhubarb is superior to almost every other medicine. He adds that experience has also shown it to be a useful purgative in the bowel complaint of summer, and particularly among children. He speaks highly of the employment of the aromatic syrup of rhubarb generally in this disorder. He continues:—"The combination of rhubarb with tonic infusions is also serviceable in the same affection; if the stools are pale and mucous, it may be associated with mercurials, and if there is a predominance of acid, magnesia may be substituted for the latter, or given in addition. Burnt rhubarb has already been mentioned as an old remedy for diarrhœa. It has recently been recommended anew by Mr HOBLYN. He caused rhubarb to be burned in an iron crucible, stirring it until it was blackened; it was then smothered in a covered jar. For more than twenty years he says that he used it successfully in incidental diarrhœas, giving it in doses of from five to ten grains. After one or two doses the pains quickly subsided, and the bowels returned to their natural state. He found it equally useful in the diarrhœa of phthisis." After removing any crude or irritating matters from the intestines by its purgative property, it acts as an astringent and tonic, and is often by itself sufficient to effect a cure. (WARING).

Constipation of Children.—WARING remarks that, in the constipation of children, rhubarb, conjoined with magnesia, is a

popular aperient; but, says he, it is objectionable on account of its subsequent astringency.

Puerperal State.—In the puerperal state, says WARING, gr. xx-gr. xxx, in some aromatic water, with or without a few drops of T. Opii, is a good aperient if castor oil be objected to.

Dysentery.—According to MURRAY, observes Stillé, opinions are unanimous in favor of the use of rhubarb in dysentery, but they differ in regard to the proper occasion for its employment. DEGNER is quoted, as perhaps the only one who is an exception. He advises rhubarb in all stages of the disease as abundantly able to effect the cure alone. PRINGLE is mentioned, who, after the example of BARBETTE and DEGNER, made use of the remedy in "winter and vernal fluxes," but he does not seem to have depended much upon its efficacy. MURRAY thought this drug most suitable when the disease tends to become chronic, and debilitating evacuants are no longer proper. It then, he says, acts as an astringent and tonic. RICHTER, and also CULLEN condemned it in acute dysentery: and ZIMMERMAN agrees with MONRO and BROCKLESBY, whom he quotes, that in general the medicine is appropriate only after the acute stage of the disease. In certain epidemics, when the stomach rejected manna, tamarinds, and neutral salts, he found the tincture of rhubarb sometimes advantageous. On the whole, it is evident that rhubarb is of subordinate value in the treatment of dysentery. (Stillé).

Gout.—WARING observes:—"*In Gout*, rhubarb, taken regularly between the intervals, proves highly serviceable; often apparently, warding off an attack." Sir. H. HALFORD states:—"At the period of an impending paroxysm, he has had incomparably the most satisfaction in giving a few grains of rhubarb, and double the quantity of carbonate of magnesia, every day, either at bedtime or early in the morning; or, under evident weakness of the powers of digestion, f. ʒss. of T. Rhei Co., with gr. xv. of potas. carb. in some light bitter infusion daily, before the principal meal." For the same purpose Dr. GRAVES advises the following mixture:

℞ Aurant. Cort. ʒii., Pulv. Rhei, ʒi., Pulv Aloes C. Canella (D. Ph.) ʒij., Spt. Vin. Gallici Oiv. M. Dose—a tablespoonful of the strained liquor in water, night and morning. Opium, colchicum, or other remedies may be administered in conjunction with rhubarb when indicated.

Urticaria.—In urticaria, says WARING, rhubarb, from its carminative property, is the aperient which is most indicated, particularly when the disease occurs in young females. The following draught is advised by Dr. HOUGHTON: ℞ Pulv. Rhei, Mag. Carb. ää gr. x–xv, Spt. Ammon. A. m. xx, Aq. Cinnam. f. ℥iss. M. ft. haust. *In the Aphthæ of Children*, a similar formula, in small doses, proves highly serviceable.

Diabetes.—Dr. COPLAND observes, when speaking of purgatives in this disease, * that he believes them to be very generally beneficial, not only in as far as their occasional exhibition may remove morbid accumulations, and obviate constipation, which is so frequently an attendant on the disease, but also as regards a continued and decided use of them, so as daily to procure two or three copious evacuations. With this view, he says full doses of *rhubarb*, or of the *infusion of senna*, with compound infusion of gentian, or of the phosphas sodæ, should be exhibited daily. As if to impress, upon the memory of his readers, an important consideration, COPLAND states as follows:—"There are few remedies that deserve a more favorable notice in diabetes than *rhubarb*. It received the warm approbation of BAGLIVI and LISTER, who recommended it in conjunction with *aromatics*, and of BROCKLESBY, MORTON, BUCKWALD, and HARRIS. Dr. BAILLIE prescribed it with laudanum. "I have (says C.) employed it frequently as an aperient, both in powder and infusion; and combined it with vegetable tonics, aromatics, and opium, with the intention of promoting the digestive and assimilating powers. It (rhubarb) is one of the best medicines that can be used in this disease." Frequent and full doses of magnesia have been praised by TROTTER, HUFELAND, B. PHILLIPS, and R. WILLIS, not merely as an aperient, but on account of its effects in counteracting the disposition of the digestive organs to form sugar. (C.)

Dropsy.—WARING quotes COPLAND as considering the diuretic action of rhubarb as deserving of notice in the treatment of dropsy. When given, he observes, "either in small doses, or in infusion as a vehicle for other substances of the same nature—as the saline diuretics and the preparations of squills, of juniper, or of colchicum—it is a useful medicine in dropsies."

* Dict, Pract. Med., vol. i., p. 593.

Ulcers.—The following quotations are from WARING:—"To foul and indolent ulcers, the application of finely-powdered rhubarb was first proposed by Sir E. HOME. It has since been occasionally employed. Mr. ALFRED MARKWICK relates a case of *Sloughing venereal ulcer*, which speedily yielded to its use. It causes great constitutional irritation.

Many other diseases might be added to the catalogue here mentioned.

PREPARATIONS.

Fluid Extract of Rhubarb	-	Dose, ½ to 1 Dram.
" " " Aromatic,	"	½ to 1 "
" " " Senna,	"	½ to 1 "
Solid Extract - - - -	"	2 to 10 Grs.
Pills of Ext. Rhubarb - - -	1	Grain Each.
" " " & Magnesia	2	" "
" " " & Iron,	3	" "
" " " Comp., (U. S. P.)	4	" "
" " " & Blue Mass,	3	" "

TINCTURE OF RHUBARB.

Fluid Extract - - -	Three Ounces.
Essence of Cardamom, - -	Half Ounce.
Diluted Alcohol - -	Twenty-eight Ounces.

Dose—Half to one and-a half ounces.

INFUSION OF RHUBARB

Fluid Extract - - - - -	Half Ounce.
Spirit of Cinnamon - -	Two Ounces.
Water - -	Thirteen and a Half Ounces.

Dose—one to three ounces.

SYRUP OF RHUBARB.

Fluid Extract - - -	Three Ounces.
Syrup - - - -	Twenty-nine Ounces.

Dose—two and-a-half to five drams.

TINCTURE OF RHUBARB AND GENTIAN.

Fluid Extract Rhubarb - -	Two Ounces.
" " Gentian - - -	Half Ounce.
Diluted Alcohol	Twenty-nine and a Half Ounces.

Dose—Four to Eight drams.

WINE OF RHUBARB.

Fluid Extract of Rhubarb	Two Ounces.
" " Canella	One Dram.
Sherry Wine	Fourteen Ounces.

Dose—two and a half to four drams.

PILLS OF BLUE PILL, SODA, &C.

Blue Pill	Nine Grains.
Solid Extract of Rhubarb	Two and a half Grains.
Bi-carbonate of Soda	Twelve Grains.
Aromatic Syrup of Rhubarb	Sufficient.

Divide into twelve pills. Dose—one, two or three times a day, as an alterative, in derangement of the liver. *Dr. Hartshorn.*

PILLS OF RHUBARB AND SULPHATE OF IRON.

Solid Extract of Rhubarb	One and a half Drams.
Sulphate of Iron	Half Dram.
Soap	Two Scruples.
Distilled Water	Sufficient.

Mix, and divide into forty pills. Dose—three or four at bed-time.

PILLS OF RHUBARB, MERCURY AND IPECAC.

Solid Extract of Rhubarb	One Scruple.
Blue Mass	One Scruple.
Pulverized Ipecac	Eight Grains.

Mix, and divide into ten pills. Dose—one to two pills. A mild purgative.

A GUIDE TO THE EXAMINATION OF URINE.

Pus—Pus is frequently present in in the urine, and produces a thick sediment at the bottom of the urine glass. The urine readily becomes alkaline, and rapidly decomposes after being passed. It is permanently turbid; that is, the turbidity is unaffected by heat.

Under the microscope, the deposit shows numerous pus corpuscles, round colorless bodies, not varying much in size, having granular contents, and nuclei varying from 1 to 4 in number; if acted on by acetic acid, the nuclei become much more

distinct. If the urine has been long passed, the pus corpuscles undergo changes which render them incapable of being recognized.

The urine of course contains albumen, and in proportion to the amount of pus present. If the quantity of albumen exceed that which should be given by the pus present in the urine, evidence of kidney disease, as casts of tubes, should at once be looked for.

The deposit from urine containing pus is rendered viscid and gelatinous by the addition of about half its quantity of liquor potassæ; it becomes ropy and cannot be dropped from one vessel to the other; urine containing mucus, on the other hand, becomes more fluid and limpid by the addition of caustic alkali.

Pus occurs in the urine in the following diseases:

Leucorrhœa in the female.

Gonorrhœa or Gleet in the male.

Pyelitis, from any cause.

Cystitis.

Any abscess bursting into any part of the urinary tract.

Leucorrhœa is an exceedingly frequent cause of the presence of a slight amount of albumen in the urine of women; if it be necessary to exclude this origin, the urine must be obtained by means of the catheter.

Blood.—Blood is not at all unfrequently found in the urine, and it may be derived from any part of the urinary-renal tract. If derived from the kidneys, the blood will be completely diffused through the urine, and give it a peculiar smoky appearance, absolutely diagnostic. If the hæmorrhage from the kidney be great, however, the urine will have a bright red color, like blood.

The deposit at the bottom of the urine glass shows under the microscope the circular discs, familiar to every one as the red corpuscles of the blood. Their peculiar color will prevent the student mistaking them for any other deposit; they may, however, in a urine of low specific gravity, become swollen, and at last burst from endosmosis; in those of high specific gravity, they will often become contracted, shriveled, and distorted, from exosmosis.

The urine will, of course, contain albumen in proportion to the quantity of blood present, which may be so great that the urine will solidify on the application of heat. The urine very readily becomes alkaline, and care must be taken to restore the acid reaction with acetic acid, before testing for albumen.

Clinical Import. The presence of blood, or blood corpuscles,

in the urine is a sure sign of the existence of hæmorrhage from the kidney or the urinary passage. It may result from

A. *Diseases of the kidney.*
Acute Bright's Disease.
Congestion of Kidney.
Cancer of Kidney.
External Injury.
Tubercle (*very rare*).

B. *Diseases of Pelvis and Ureter.*
Calculus in Pelvis and Ureter.
Parasite, as Bilharzia hæmatobia.
Cancer
Tubercle (*very rare.*)

C. *Diseases of the Bladder.*
Calculus.
Cancerous or Villous Growths.
Congestion of Mucous Membrane.

D. *Diseases of Urethra.*
Congestion, as in Gonorrhœa.
Tearing of the Mucous Membrane from mechanical injury.
Constitutional.
Purpura and Scurvy.
Hæmorrhaphilia.
The Acute Specific Diseases, (*rarely in malignant cases.*)

F. In female, Uterine Discharges, as menstruation, &c.

As a general rule, if the blood be completely mixed with the urine, the hemorrhage is from the kidneys; if the urine first passed be clear, and that at the end of micturition becomes bloody, or if even pure blood be passed, the hemorrhage is from the bladder or prostate; while if the first portion of the urine be bloody, and the last drops clear, the hæmorrhage is from the urethra.

Mucus and Epithelium.—Mucus is a constant constituent of every urine, and if healthy urine be allowed to remain at rest for an hour, a light cloud will be found to have settled at the bottom of the urine glass; on microscopical examination, it will be found to consist of mucous corpuscles, and epithelium scales detached from the surfaces over the urine has passed.

The Urethra and bladder give up a roundish or oval epithelium cell to the urine. In the urine of the female, especially in cases of leucorrhœa, the epithelium cells of the vagina are very

numerous, and they exactly resemble the squamous epithelium of the mouth. Under irritation, the mucous membrane of the pelvis and ureter will produce cells, caudate, spindle-shaped, and irregular, exactly similar to those formerly regarded as diagnostic of cancer. From this circumstance it is impossible to speak positively of the existence of cancer cells in the urine.

Desquamation of the tubular epithelium of the kidney occurs only in disease; the cells, as seen in the urine, are slightly swollen, and acquire a more spheroidal, and less distinctly polygonal shape, apparently from imbibition of fluid, and the removal of pressure. The cells are frequently granular, and contain fat drops, or are contracted, withered up, and shriveled.

Clinical Import. See Section on Renal Casts.

RENAL CASTS.—In Bright's disease, and in congestion of the kidney, there are formed in the uriniferous tubules, lengthened cylinders which are discharged with the urine, and form the deposit known as "casts." Those found in the urine are probably chiefly formed in the straight uriniferous tubes; and the view of their origin which has found most favor in this country, is that the casts are formed by the escape of blood into the tubes of the kidney, and coagulation of the fibrin, which thus becomes moulded to the shape of the tube into which it has been extravasated. It is probable that many of the hyaline casts are formed in this way; but the balance of evidence at the present day is in favor of the epithelial and granular casts being produced by a desquamation and degeneration of the renal epithelium.

When the urine contains casts in great quantity, they can scarcely be overlooked, if the urine be allowed to settle for a few hours in a tall cylindrical glass, the whole of the supernatant fluid poured off, and the last drops which flow from the lip of the glass put under the microscope and examined. If there are but a few casts present, other plans may be adopted; the urine may be acidulated with a little acetic acid, and thus the uric acid precipitated, with which the casts will be carried down as well; or the urine may be filtered, and the casts searched for on the filtered paper; or if the specific gravity be high, the urine may be diluted with distilled water, set aside for an hour, and the deposit then examined. With a little experience, the student will soon become familiar with the appearance of casts, and will at once be able to distinguish them from foreign bodies in the urine. They are

never broader than 6, or less than 2, red blood corpuscles in diameter; but they vary considerably in length, never, however, exceeding the 1-50th of an inch. The same cast does not vary greatly in its diameter, and never becomes twisted on itself, as a cotton fibre does.

The foreign bodies, most liable to be mistaken for renal casts, are cotton fibres, hair, and pieces of deal.

Cotton fibres have a very irregular outline, and are much broader at one part than at another; they are often twisted, and of great length, which will distinguish them from casts.

Their structure is often striped in a longitudinal direction.

Hair can often be distinguished from renal casts by its color alone; and if this be not very apparent, by its possessing a cortical and medullary structure; and by its length being greater than that of any cast.

Fibres of Deal, which have their origin in the furniture, &c., of the apartment, may perhaps be mistaken for renal casts. They are at once recognized by the presence of the large round wood-cells which characterize the order Coniferæ.

Casts may be conveniently divided, according to their appearance under the microscope, into three kinds, the epithelial cast, the granular cast, and the hyaline cast.

The epithelial cast. This cylinder consists of a mass of epithelial cells derived from the tubules of the kidney; the cells may become granular and acquire a dark appearance by transmitted light. The cast is usually wide, never very narrow.

The granular cast. This is a solid cylinder having a granular appearance, which may be limited to a few dark points in the substance of the cast, or be so intense as to give the cast an almost black appearance. In this kind of cast may often be found epithelial cells, blood corpuscles, red or white pus corpuscles, crystals of uric acid, urates, and especially oxalate of lime. The fatty cast is a variety of the granular produced by the running together into globules of fat of the granules of olein.

The hyaline cast. This cast is usually very transparent, and the outline is often so indistinct that a little iodine or magenta must be added to the urine before it can be detected, or a diaphragm with a narrow opening must be used. They show indistinct markings on their surface, or a few granules and nuclei. There are two kinds, the wide and the narrow; the latter are sometimes of great length.

In observing casts, notice must be taken of the action of acids upon them, or their contents. It is thought that when the cylinders resist the solvent action of hydrochloric acid to any great degree, that the inflammation of the kidney is correspondingly intense. The granules on the cast, if formed of protein, will disappear, when acted upon by acetic acid; but if of olein, they are rendered more distinct. The width of the cylinder is of some importance, as it is supposed that very broad casts are formed in tubules completely stripped of their epithelium, and that the prognosis is more grave when these wide casts show on their sides no nuclei, or attempt at reformation of epithelium. From the recent observations on the varying diameters of the uriniferous tubes, the importance of the breadth of the cast becomes less.

Clinical Import. The presence of casts in the urine is a sure sign of disease of the kidney, but not, however, necessarily of *permanent* disease of the kidney. They are present in many acute diseases, accompanied by albumen in the urine. But if they are found for several weeks together, after all pyrexia has subsided, permanent disease of the kidney may be inferred. Casts are constantly present in the urine in all cases of congestion of the kidney, and of acute or chronic Bright's disease. But no certain information as to the nature of the disease existing in the kidney, *e. g.* whether lardaceous or fatty, can be obtained from the character of the casts, since all forms of Bright's disease terminate in fatty changes. Some assistance may, however, be derived from the appearance of the casts in forming a judgment of the acute or chronic character, or a prognosis, of the disease. If, for example, there be found in the urine epithelial casts which have undergone little, or no, granular change, and casts studded with red blood corpuscles, together with a large quantity of epithelium from the tubules of the kidney, having a natural or only slightly cloudy appearance,, there can be little doubt that the patient is suffering from an acute attack of Bright's disease; while if the casts be chiefly fatty, or intensely granular, and the epithelium be small in amount, and the cells withered and contracted, or containing globules of olein, it will be more than probable that the case is one of chronic Bright's disease.

Since little reliance can be placed on the character of the casts as an aid to special diagnosis, some of the leading characters of the renal derivatives in the chief forms of kidney affection have been subjoined.

Congestion of the kidney. The casts are chiefly hyaline, seldom showing any marks of fatty change. Very rarely are blood or epithelial casts discovered.

Acute Bright's Disease. At the commencement, the urine deposits a sediment which consists of blood-corpuscles, narrow hyaline casts, and casts covered with blood-corpuscles, the 'blood-casts' of some authors. In the next stage, the amount of blood present is not so great, but, a great desquamation of the renal tubules taking place, renal epithelium and epithelial casts are found in great numbers; the epithelium has undergone very little, if any, granular change; hyaline casts are observed together with epithelial. In the next stage, the changes in the epithelium may be almost daily observed; at first they become granular, cloudy in appearance, which alteration, the sequel of the catarrh, often proceeds to fatty degeneration, and the epithelial cells then contain large fat drops, while the epithelial casts undergo similar change, and become distinctly granular and even fatty.

If the patient recover, the casts and epithelium gradually disappear from the urine, but if the case become chronic, the renal derivatives show the characters described in the next paragraph.

Chronic Bright's Disease. Numerous forms of casts are met with; the hyaline, both narrow and wide forms; the larger are often beset with granules dissolved on addition of acetic acid; the granular whose surface is often covered with fatty or shriveled up epithelium cells; fat drops may stud the cylinder. Epithelial casts are rare, except in febrile exacerbations, when the renal derivatives found in acute Bright's disease are present, together with granular and fatty casts, evidence of the previous alteration of the kidney.

Lardaceous or Albuminoid Kidney. The urinary deposit contains hyaline casts, which are often accompanied by pus corpuscles. Atrophied epithelial cells, becoming fatty in the later stages of the disease, are almost invariably present.

Fungi.—Many kinds of fungi grow in the urine after it has been voided for some time, and when the ammoniacal decomposition has begun are (*a*) *vibriones*, which may be seen in almost every albuminous urine which has been passed a little time; they are known by their linear form and incessant motion; (*b*) the *penicilium glaucum*, the fungus which forms 'mildew,' and which often appears when the acid fermentation has begun; (*c*) the yeast

fungus, *torula cervisiæ*, which was considered by Dr. Hassall to be diagnostic of diabetes.

Sarcinæ are apparently formed in the urine before it is voided; they are square bodies, divided into secondary squares, which number 4, 16, 64, &c., and are similar to the sarcinæ found in the vomited matters of persons suffering from stenosis of the pylorus.

Kiestein is a whitish pellicle formed on the surface of the urine of pregnant women, when allowed to remain at rest for a few days. It appears to consist chiefly of the mould fungus, globules of fat, and crystals of phosphates. It was formerly regarded as a sign of pregnancy; but it occurs in the urine of persons who are not pregnant, and it is not always present in pregnancy.

SPERMATOZOA.—These little bodies are present in the urine, of males first passed after an omission of semen. A few pass away in the urine, probably, without venereal excitement, especially when a person is continent. In the urine of females, they are almost positive proof of sexual intercourse.

The seminal secretion forms a glairy white deposit at the bottom of a urine glass. When examined with microscope, (for which a high power, magnifying 400 or 500 diameters, is best, although a power of 250 will identify them), spermatozoa shows the characteristic oval head or body, often somewhat pear-shaped, and long delicate tail, two or three times the length of the head.

In the urine no movement is ever shown by these bodies.—*The Cincinnati Med. News.*—November, 1874.

ARTERIAL SEDATIVES.

BY PROF. I. J. M. GOSS, A. M., M. D., MARIETTA, GA.

DIGITALIS—*Foxglove.*

Digitalis has long been used as an arterial sedative. The opinions in regard to it are quite discrepant. One writer avering that it is sedative and diuretic; another affirming that it is not, and a third that it possesses no medical virtues at all. This difference of opinion arises from three things, that is the article used, the dose given, and the condition of the system existing when administered.

It is much like aconite in its effects upon the system, and exerts the best influence in atonic conditions of the system, and should be used in small doses for this purpose. In fever and inflammations

it lessens the frequency of the pulse; diminishes the temperature, and frequently acts as a diuretic in dropsies. In enfeebled states of the heart, accompanied with palpitation, it acts as a cardiac tonic when used in small doses. In organic disease of the heart, while it does not possess any special curative effects, as collinsonia, yet it not only stimulates the heart, but also improves its nutrition through the cardiac nerves. Like aconite, it exerts its tonic influence upon the capillary circulation and on this account may be employed in cases of asthenic hemorrhages. It very frequently powerfully influences the absorption of dropsical accumulations in cellular tissues and sensibly increases the action of the kidneys, hence its utility in asthenic dropsies generally.

I have recently treated several cases of dropsy of long standing with digitalis and apocynum combined with iron, which acts with great promptitude and certainty. Digitalis will not act well in sthenic conditions of the system and the want of the knowledge of this fact has brought the remedy into undeserved disrepute. Given in such conditions of the system, its toxical effects are easily produced, hence the idea that it was accumulative; it is not accumulative in small doses, and given in asthenic conditions of the system. I have given it in dropsies of the cellular tissue and cavities, for weeks at a time without any bad results following. As an arterial sedative I seldom use it, as I like aconite better, but it is a very valuable remedy in dropsy. I have given it in small-pox with the happiest effect, in fact, I do not think any remedy can excel it in cases attended with asthenia, as many of them are in some localities. Its tonic effect upon the heart and capillary system, naturally suggests it as an appropriate remedy in small-pox accompanied with asthenia. I have never depended on it in fevers, but prefer aconite in asthenic fevers, and veratrum in sthenic form of fevers and inflammations.

I prefer the infusion in dropsies, and the saturated tincture in heart diseases, in doses of five to ten drops every one or two hours.

Dose of the infusion is from 1 ʒ to ½ ℥ every two or three hours. It should never be given in large doses as it is apt to accumulate in its effects and produce its toxical effects, which are dangerous and often fatal. In large doses it is an acro-narcotic, especially like tobacco, causing a disordered condition of the digestive organs, depression of the heart and in larger quantities, vomiting, purging, stupor, or even delirium, cold sweats, great prostration of strength,

disordered vision, and if no antidote be given, soon followed by insensibility, convulsions and death. I use the digitalis only in dropsy as I prefer other articles in organic and functional diseases of the heart, as cactus grandiflorus and collinsonia. Those cases of dropsy following scarlatina, pneumonia and other acute diseases, where the blood is so impaired that there is general debility and feebleness of the heart's action, this remedy will be found to act as a tonic to the heart and to increase the action of the kidneys and the absorbents, thereby speedily removing the dropsical accumulations. This is best accomplished by combining it with the apocynum. Say apocynum ℥ j, digitalis ʒ ij, warm water one pint, infuse over a sand-bath two hours, strain; dose from one-half to one ounce every two hours.

This preparation will be found to act very efficiently in all atonic dropsies. In my next essay I will notice cactus.—*The Archives*, October, 1874.

GELSEMINUM SEMPERVIRENS.

BY W. H. CHRISTOPHER, M. D.

I really think it a duty of all old Eclectic Practitioners to give their experience with new Eclectic medicines. I have had it in contemplation for some time to send you an article on gelseminum.

I notice in the August, No. 8, ARCHIVES, page 113, a long and interesting article on this medicine by Prof. Goss, in which I fully concur, except in two essential particulars. First, its classification; he has classed it as an arterial sedative, while I think I can satisfy any one that it is not an arterial sedative but an unrivaled febrifuge, and this is dependent on its relaxing and anti-spasmodic properties.

Twenty years past, I made many experiments with gelseminum on animals. I will give only one illustration. I caught a fine, large mole; gave him about half a grain of the medicine; in thirty minutes saw but little effect. I then doubled the dose, in thirty minutes you could perceive that he was weak and relaxed, and in a short time the effect would pass off and he would be strong and lively as at first. I so continued to double the dose, every time, giving ample time for the effects of each dose to pass off before giving another. The animal appeared to be as strong and could make a hole in the hardest ground in a short time.

After the fifth dose it produced death by relaxation, which I was fully convinced of by examination, and would like to give, but it will make this article too long. Twenty years ago I prescribed this medicine carefully, using only one or two ounces during the year; but now, when in regular practice will use from one quart to half a gallon of the officinal tincture. Its effects are clouded vision, double sightedness or even complete prostration and inability to open the eyes. This effect is produced by relaxation —not *sedation*—which gradually pass off in a few hours, leaving the patient refreshed and completely restored. As soon as the effects on the eyes are discovered, no more of the medicine should be given, even if it is the first dose, until these symptoms pass off. I had a case of pneumonia this spring in a child two years old that an over dose was given by mistake in the nurse; one-half teaspoonful of the strong tincture was given at one time. I was summoned to the case but as it was near the time when the paroxysm of fever was anticipated, no antidotes were given, but the patient was closely watched. The result was that the child was completely relaxed and prostrated, with an exanthema or rash over the entire person; yet the pulse was good and strong all the time, and no fever that day for the first time in six days, with complete crisis a powerful perspiration and a rapid recovery.

Prof. Goss says: "That the misunderstanding of the precise mode of operation of this medicine and many others has not only caused fatal consequences but has done great injury to progressive medicine." He says, "That it has been recommended in cases of obstetrics, but it has no special benefit in such cases, only where there is rigidity of the os uteri, then it is a proper remedy."

This remark from the Professor, I must confess, fills me with astonishment. Were I to give all my experience with this medicine in obstetric practice with all its value and range of application, it would fill many pages of your valuable journal.

The reader will find a report of two cases on page 116 ARCHIVES, by Dr. W. M. Durham, Maxey, Georgia, that fully sustains the position I take of this medicine. I will only give one report out of many cases of puerperal and other eclampsia.

Mr. J. Bryant called for me at noon to attend a servant woman in her second labor. I was from home at the time, but responded to the call as soon as I received the message. I arrived at Mr. Bryant's at sun-set. I met Mr. Bryant at the gate, he remarked that I was too late, that he thought the woman dying, as she had

been having spasms all the evening. I found a large plethoric woman entirely unconscious, skin very hot and dry, pulse one hundred and twenty, and a spasm at every uterine contraction. I immediately ordered:

℞ Tinct. Gelseminum..... xxxx. gtt.
" Third Prep. Lobelia .....
" Assafœtida.....
" Cyprepedin —*aa* teaspoonful.

To be given at once. Ordered her well sponged with vinegar and water, also gave, by inhalation, chloroform, until the pulse was brought down to eighty. Then discontinued the chloroform, and repeat the gelseminum compound. She then appeared to be in a deep sleep and perfectly relaxed and no more spasm. She rested well about an hour without much uterine contraction. So soon as her pains returned with some violence, she awoke perfectly conscious and her labor progressed as usual, and at ten o'clock was delivered of a fine healthy child and made a rapid recovery.

As a parturient, it is far superior to ergot, macrotin and many others. And in gonorrhœa and spermatorrhœa it has no equal.—*The Archives*, October, 1874.

EXTRACT FROM PROCEEDINGS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

Dr. Emmons read a report of a case of uterine interstitial fibroid tumor, treated hypodermically by ergotin; of which the following is an abstract:

Mrs. X, married, age 45, American, the mother of three children, the youngest of whom is eleven years of age, was in good health till the time of her last parturition, which proved to be a difficult one, followed by hour-glass contractions, and permanent impairment of health. Two years ago, a noticeable change had gradually taken place: menstruation had become copious and more prolonged than usual, requiring patient to keep the bed for ten days at a time; she was emaciated, had sciatica and chronic laryngitis. At the time of Dr. Emmons' first visit—December, 1873—in addition to above symptoms, the patient had become so exsanguinous as almost to be in a state of syncope, from constant flooding—there was pain in the uterus and chest—loss of appetite and sleep.

There was abdominal tenderness, particularly over the region of the right ovary. The uterus was enlarged, extending up to within two inches of the umbilicus, and a little higher upon the right than left side. Digital examination, per vaginam, revealed anteversion, the os low down against rectum, and dilated to about one-half inch. A metallic sound could be introduced (with strong curve towards anterior wall of abdomen) to a depth of six and one-half inches; a flexible catheter passed an half inch farther. There was a hard tumor commencing at middle of the neck of the uterus, attached to its anterior wall, and extending to the fundus uteri.

Treatment: directed a tonic of iron and quinine, and

℞ Ergotin (Bonjeau)..... dr. j.
Aquæ..... f oz. j.
Glycerini..... f dr. j.

M. Sig. Twelve drops, daily: hypodermically. Improvement was immediate, as shown by the subsidence of pain and hemorrhage. At the end of fifty-nine days, the patient was much better, pulse fuller, appetite better; sleeps well and without anodynes, and able to sit up two hours daily; less abdominal tenderness, but no diminution in size of tumor. The dose of ergotin was increased so as to get about four minims per dose, and continued for three weeks without any particular change in the patient's condition.

The use of aqueous solution of ergot, prepared for me so as to get one grain of the drug to the minim, giving twenty minims daily by hypodermic injection over the deltoid, was most satisfactory. Examination twelve days after this change of medicine, revealed the tumor subsided to four and one-half inches below umbilicus. The cavity of uterus measured about five and one-half inches in depth. Patient able to ride out daily; has gained eighteen pounds during the past fortnight, is entirely free from pain; last menstruation normal in quantity, and lasted four days. At another examination in June the fibroid had still farther diminished in size; the uterine cavity measured four inches in depth. Patient complained at this time of a quite free watery discharge from the vagina. A month later, during which time the treatment had been continued, the uterine cavity was found to measure three and one-half inches in depth, watery discharge still present. The treatment was suspended for ten days and then resumed. In August the uterus had regained its normal size, and no tumor remained. The continued daily hypopermic injection,

during a period of 156 days, of the twenty minims of a preparation containing aqueous solution of ergot, had the effect of gradually reducing the fibroid till hardly a trace of it could be found. There was no particular inconvenience or irritation produced at the points of puncture, especially after laying aside the use of the alcoholic preparation of ergotin.

Dr. Emmons gave some quotations regarding the action of ergot from the results of an experimental investigation by Dr. Warnich, and from recent works of other authorities, such as Drs. Paul Vogt, Ritchie, Handelin, and C. Boldt. *In true interstitial fibroid of the uterus, treated hypodermically with the aqueous solution of ergot. we may expect in the large majority of cases, eminently more satisfactory results than by any other mode of treatment, or by operation.*—*Chicago Med. Jour.*, Nov., 1874.

HYPODERMIC INJECTION OF ERGOT IN POST-PARTUM HEMORRHAGE.

P. C. Williams, M. D., Baltimore, in *Trans. Med. and Chirurgical Faculty of Maryland*, 1874, says:

The known effects of ergot in promoting uterine contraction long since determined me to try its hypodermic use whenever I was called upon to treat post-partum hemorrhage.

The first opportunity that presented was Mrs. R., a young woman of fine physique, who had no untoward symptoms during her pregnancy. She was confined with her first child in October, 1873. She had a long, exhausting labor, during which I gave four or five drachm doses of fluid extract of ergot, with very little effect. After the head had remained for some time in the cavity of the pelvis without apparent progress, chloroform was administered, and the child was extracted by forceps without difficulty.

The placenta was expelled, and everything progressed satisfactorily, until suddenly, without appreciable cause, the uterus became completely relaxed, and produced a profuse hemorrhage, which exhausted the patient with great rapidity. After using the customary remedies, such as pressure, insertion of the hand into uterus, ice externally, and ice in the uterus, &c., without the slightest effect, I injected fluid extract of ergot, ʒ ss, in the inside of the thigh. Immediately my anxiety was relieved by dis-

covering that the uterus was beginning to contract vigorously, and it promptly expelled my hand from its cavity. The contraction remained firm, and the hemorrhage was completely stopped. The convalescence of this patient was rapid and satisfactory.

The second case was a lady about 35 years of age, of frail figure, and rather contracted pelvis. Married ten years; had but one child, which was born with extreme difficulty about eight years ago, During her recent pregnancy, her general health was good. Toward the latter portion, she suffered very much from pain in the right hypochondriac region, which, up to the time of her confinement, totally forbade her lying on the left side. Her labor was long and severe. During the last few hours of it I kept her more or less under the influence of chloroform, and occasionally gave ergot to prevent the chloroform diminishing the activity of the pains. No progress being made, I applied forceps and delivered the child. After waiting a short time, I endeavored to remove the placenta by traction upon the cord, which unfortunately broke. Examination revealed that the placenta was adherent over its entire surface. I again administered chloroform, and after prolonged and tedious effort, succeeded in detaching the placenta. The uterus contracted well.

I went across the room, but in a little while was recalled to the bedside by a gush of blood which was distinctly audible and alarmingly copious. I immediately injected fluid extract of ergot, 3 ss, on the inside of the thigh. The flooding was promptly arrested, and did not return. My patient was prostrated to such a degree, however, that for several hours she could not make the slightest movement without producing serious attacks of syncope. This condition was relieved by a few hypodermic injections of brandy. The patient improved rapidly, and was soon restored to her usual health.

The third case was Mrs. S., about 35 years old, and mother of several children. She was a patient of Dr. Whitridge, who was sent for early on the 13th March, 1874; but before the reached the house, the patient was bleeding so profusely that she sent for Dr. Hartman, who lives in the immediate neighborhood. Dr. H., discovering that he had to deal with a placenta prævia, promptly "turned" and delivered the child and placenta. The patient seemed to be doing well, and the Doctor went home. Shortly afterward, Dr. Whitridge arrived and found Mrs. S. flooding to such a degree as to render her pulse almost imperceptible. He re-

sorted to the usual treatment without avail. He then sent for me. In the meantime, finding that the flooding still continued, he injected fluid extract of ergot hypodermically, which arrested the hemorrhage before I reached the house. Her exhaustion was so extreme that we administered a second hypodermic injection of ergot to guard against the recurrence of hemorrhage. The hemorrhage did not return; and the patient was restored to health by liberal diet and tonics.

In the first and third cases, various means were resorted to without the slightest effect, until ergot was given hypodermically. In the second case, nothing was used but the hypodermic injection of ergot. In these cases the effect of the hypodermic was almost instantaneous, and it was permanent.—*The Cincinnati Medical News*, Nov., 1874.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Diphtheria.

Mr. T. Prangley read a paper before the British Medical Association, founded on the observation of fifty-six cases of diphtheria which came under his care at Aylsham during an epidemic which prevailed in the summer and autumn of 1868. The cases had been of all degrees of severity. He regarded the amount of engorgements of, and deposit on the tonsils as a valuable prognostic sign; and said that one of the worst signs was the extension of the disease to the nares. The propagation of diphtheritic membrane to the larynx was also an ominous symptom. Regarding the treatment, he said that in every case he applied tincture of iodine (48 grains to ʒ j) locally to every part of the throat covered with membrane, at least once in every twenty-four hours, and also ordered the inhalation of iodine-vapour with steam. The general treatment was supporting and stimulating. Of his fifty-six cases, seven died, five of whom were moribund when he first saw them.

Sir John Cormack said it was not safe to found our treatment of diphtheria only upon what we ourselves may have seen and done. A practitioner may have seen in some particular locality, or in some particular epidemics, nothing but recoveries; and, if he have applied iodine locally, and given zinc or iron internally, he

may be inclined to attribute the successful issue of his cases to the treatment which he pursued. Unless he be as conversant with the experience of others as with his own, he may long slumber under his delusion; but the time may come to him, as it has come to others, when, in spite of his cherished remedies, local and general, he will see a large proportion of the attacked perish from croup, or be saved only by tracheotomy performed in good time. The use of local applications to the throat of a diphtheritic patient is fraught with infinite danger to the applier. Many medical practitioners and medical students have received the diphtheritic poison in the spit of their patients, involuntarily ejected on the application being made. Promising young physicians and some elder men—celebrities in medicine—have died of diphtheria so contracted. If we do apply anything to the throat, we can only do it with safety to ourselves if we wear a mask. But all potent applications to the throat have ceased to be in favor with those who have seen most of diphtheria. They say that iodine, nitrate of silver, and the like, generally produce increased exudation; while in other cases, where the exudative tendency is moderate, they seem to do little or no harm. The only local application now used by the author is the glycerole of borax of the *British Pharmacopœia.* It promotes the separation of the pellicle, and does not irritate the mucous membrane. The appearance of albumen in the urine is not of itself of evil prognosis. In many cases in which the urine has been intensely albuminous we have complete recovery. Diphtheria is essentially characterized by intermittence in the gravity of the symptoms: a lull, often mistaken for the dawn of convalescence, is not at all unusual. After such a lull, as a prelude to an exacerbation of symptoms, we can usually, by the thermometer, detect a rise in temperature, and a concurrent appearance or reappearance of albumen in the urine. Touching the differential diagnosis of simple membranous sore throat from specific disease diphtheria, the author thought that it could neither be determined by the presence nor by the absence of fever, nor by any other than one test—a test simple and sure. Apply a small blister to the arm or elsewhere: if the case be diphtheria, the said surface will become covered with a diphtheritic pellicle; if it be not diphtheria, no false membrane will appear. Mr. Prangley, in reply, said that as regards the pulse, temperature, and urine, he could not get any information from them which was valuable in prognosis. He had, in some instances, tried for a time treating the cases without any

local application, but as they became worse, he subsequently resorted to this mode of treatment. He could not agree with Dr. Bradbury that two diseases may coexist in the body. He thought it better to consider the two forms as one and the same disease, and to impress upon the friends the importance of mild cases.—*Brit. Med. Jour.*, Aug. 29, 1874.—*Amer. Jour. Med. Sci.*, Oct., '74.

Night Sweats of Phthisis.

Sulphate of atropia is regarded as an excellent remedy for their arrest. It is usually administered in a simple dose at bedtime of 1-60 of a grain.

Aromatic sulphuric acid.

Niemeyer's pill. Niemeyer's pill and atropia used in conjunction. Oxide of zinc and hyoscyamus were said to be efficient with their cases

The pill called Niemeyer's, or the one he ordinarily prescribed, properly known by the name of Heim's pills, is in general prescription. The formula for the pill is as follows:

℞ Pulv. herb. digitalis..... ʒ ss.
Pulv. rad. ipecac.
Pulv. opii puri, āā..... gr. v.
Ext. hellessii, q. s. u. f. pl..... No. xx.
Comp. pulv. rad. irid. flor.

S. A pill three times daily. The addition of a scruple of quinine to the above prescription constitutes Niemeyer's modification, and is added for its anti-pyretic effect. The pill of Niemeyer's is one very commonly prescribed in this hospital in cases of phthisis, and is regarded as a very valuable combination of remedies.—*Med. Record.*

Treatment of Varices by the Local Employment of Perchloride of Iron.

Dr. Linon, of Verviers, has used perchloride of iron locally with great success during the last three years in the treatment of varices. The strength of the solution is about two and a half drachms to eight ounces of water. Compresses of flannel are steeped in the water, then wrung out, and applied by means of a flannel bandage, which is only to be moderately tightened. This application is to be kept on twenty-four hours, and on removing it the surgeon is much surprised to find that the venous dilatations have almost entirely disappeared. The applications are to be renewed as above during seven or eight days successively, after which time the

bandage is to be kept on, without any further wetting, till it gets loose. It is then to be wetted again with the solution, and applied until the varices have disappeared, which generally takes place after eight days or a fortnight, according to the size of the swelling. These simple means have removed in a few days enormous varices, accompanied by violent pain, with black spots on on the surface, and have restored to the patients the use of their limbs. By the unsuccessful application of dry bandages only, Dr. Linon has been able to show that it is not compression but really the local action of the iron which is efficacious. The local action of thermal waters containing magnesia on the skin is similar to that of the perchloride.—*London Lancet.*

Scarlet Fever.

Treatment of the fever is mainly expectant. Stimulants are of benefit in the class of cases seen in this institution. (Philadelphia Hospital.)

For the dropsy which sometimes appears, diuretics are used, and if the children have some age, purgatives are administered. When throat symptoms are prominent, a very common prescription is a saturated solution of chlorate of potash in tr. of iron and well sweetened with honey. The dose is to be regulated according to the size of the dose of iron proper for the age of the child. The rates of mortality are low.—*Med. Record.*

Treatment of Zona by Collodion and Morphia.

Dr. Bourdon, Hôpital la Charité, after having tried a great many local means of treating the above disease and checking the intense pain, has definitively adopted the following plan: without opening the vesicles he paints all the diseased surface with a combination of collodion and morphia—collodion one ounce, morphia eight grains; the mixture must be put on pretty thickly. The pain ceases from the second day; and at the end of seven or eight days, when the layer of collodion is removed, all the vesicles have disappeared, and there remains only a slight local redness.—*American Prac.*

Guarana in Sick Headache.

W. T. Branstrup, M. D., Sterling, Ill., says, in the *Eclectic Med. Jour.*, June, 1874, if there ever was a remedy that is a specific for a certain condition, Gurana is that for sick headache in every sense of the word. Mr. M. asked me for medicine for his wife, who was

and had been suffering excruciatingly with sick headache. I gave him the following: Fld. Ext. Gurana, ℥ j. S. One teaspoonful at once; if not better in an hour repeat the dose. In an hour I inquired if she took the second dose. She said it was not needed, as she was well before the time arrived.—*Medical Eclectic*, Sept., 1874.

Whooping Cough.

Hydrate of chloral is the common remedy, and gives very satisfactory results. Sometimes belladonna is combined with it.

The remedy is pushed as much as possible; commencing, in a child from one to two years old, with one to two or three grains t. i. d.

Sugar had been found in the urine of all these patients.

The co. tr. benzoin is sometimes added to the chloral to stimulate the kidneys to increased action, when the chloral has rendered them somewhat inactive.—*Med. Record.*

Electricity in Vomiting.

This method succeeded admirably in controlling vomiting in the practice of Bellevue Hospital (*Med. Record*). In the vomiting of puerperal fever it had answered well. The positive pole is placed over the seventh cervical vertebrum and negative over the pit of the stomach. The strength of the current is varied according to circumstances.

An Ingenious Method for Subcutaneous Morphia.

In the *Edinburgh Medical Journal*, Dr. John M. Crombie affirms that many medical men are often deterred from using subcutaneous morphia on account of the expense of the syringe, and the pain they cause the patient. To avoid these, he advises the use of small threads coated with morphia, according to the quantity required, and passed through a fold of the skin by the aid of fine needles. The threads vary in strength from one-sixth to one grain of morphia—*Druggists' Circular*, August, 1874.

Oatmeal as Infant's Food.

In a communication to the Société Médicale des Hôpitaux, MM. Dujardin-Beaumetz and Hardy make known the results of the employment of oatmeal on the alimentation and hygiène of infants. According to them, oatmeal is the aliment which by reason of its plastic and respiratory elements makes the nearest approach to human milk. It also is one of those which contain most iron and

salts, and especially the phosphate of lime so necessary for infants. It also has the property of preventing and arresting the diarrhœas which are so frequent and so dangerous at this age. According to the trials made by M. Marie, infants from four to eleven months of age fed exclusively upon Scotch oatmeal and cow's milk thrive very nearly as well as do children of the same age suckled by a good nurse.—*Med. Gaz.*

Quinine Glycyrrhiza.

To disguise the taste of quinine administer it in fld. ext. of glycyrrhiza. If fld. ext. is not at hand, the powder can be used with nearly the same result.—*Med. Record.*

Editorial.

Vehicle For Administering Castor Oil.

In regard to the preparations of castor oil—this matter has occupied much space in your columns. I would like to call attention to a formula which I sent to the *Boston Med. and Surg. Jour.*, and which was published two years or more ago. I have been in the habit of using after that formula glycerine as an excipient for castor oil.

℞ Ol. Ricini.....
Glycerinæ (Puriss.).....*aa* ʒi. M.

Comp. Spts. Lavender or Ess. Cinnamon may be added—I prefer the former.

℞ Ol. Ricini.....
Glycerinæ (Puriss.)..... *aa* ʒiv.
Spts. Lav. Comp..... ʒi M.

Thoroughly beaten together with a teaspoon in a cup, the patient will often swallow the oil thus prepared, and some time will elapse before the nature of the dose is recognized.

Preceded by Hydrarg. Cum. Creta, it is often a useful agent in allaying irritation of the stomach and bowels in the Summer.

Where astringents have disappointed us, as they will, Bedford's powder for children is often of great value, when followed by the oil as above prepared, as an alterative and to soothe the irritable mucous membrane in the Summer disease:

℞ Hydrarg. Chlor. (Mit)..... grs. vi.
Cretæ Prep..... " xii.
Pulv. Opii..... gr. i
Twelve powders..... M.
S. One, morn and eve.

For younger children Condie's powder—followed by the oil (first formula), is useful, especially in dysenteric cases:

℞ Hydrarg. Chlor. (Mit.)..... grs. ij vel vj.
Cretæ Prep..... " xviij.
Ipecac..... " ij.
Ext. Hyoscyami..... " iij vel vj.
Ft. pulv..... vj. M.
S. One every three or four hours.

Cannabis Indica.

Your Cannabis Indica I find useful in many cases. I had a singular instance of the value of this agent where I little expected to find any medical treatment of service. It was a case of senile trembling, where the patient had not been able to dress herself for three years. During that period she had not been able to fasten her clothes. She was nearly eighty years of age. For the six months preceeding the time she came under my care, her mental and bodily power had slowly and surely failed. Her friends desired me to see her, and if possible, give her some aid. I noticed considerable mental excitement and hallucinations, and saw that, indeed, her mental and bodily strength was failing. Her advanced age, indeed, made such a course of events, nothing to be surprised at. With the hope of alleviating her condition—and a very faint hope—but with little thought of any decided improvement—I prescribed.

℞ Fl. Ext. Cannabis Indica..... gutt. cxcij.
Spts. Lav. Comp.....
Spts. Ether, Comp..... *aa q. s.* to make ℥ iv.
S. Teaspoonful three times a day in a little sugar and water. M.

In two weeks my patient surprised her daughter by coming out of her room all dressed, in the morning, much pleased that she could once more "dress herself." The mental excitement seemed allayed, bodily strength improved, and a return to the use of her mental faculties accomplished.

With my regards, respectfully yours,

ALBERT N. GOULD, M. D., Great Falls, N. H.

ELIXIR IODO-BROMIDE OF CALCIUM COMP.

Extract from letter of L. H. ERNST, M. D., East Saginaw, Mich.—As experience is the only true way to obtain a perfect knowledge of the virtue of medicine, I feel disposed to inform you of my experience of the efficiency of your Elixir Iodo-Bromide Calcium Comp., as I have used it in 23 cases, among which are the following:

Case of White Swelling.—Miss F., aged 19, had been lying in the general hospital at Detroit for nine months, being treated for *white swelling* of the knee-joint. Amputation was recommended; when I saw her she was very emaciated—could not raise her head without her mother's assistance, and had a large tumor in each breast, due to the pressure of of crutches. Altogether it was a pitiful sight. I determined to give her

the small chance left for saving the limb. While in the hospital they had made several incisions—joint was partly ankylosed. I applied to parts the Solution Iodo-Bromide Calcium Comp., diluted one part to four of water, and gave internally the Elixir Iodo-Bromide Calcium Comp. For the first four weeks I thought it was not doing any good, with the exception that the tumors in the breast disappeared. After this time she commenced to gain flesh, and in two months and a half she was walking on the street without crutches. At first I had poulticed the limb and used other remidies; but must say I found that I could obtain no good results, and give the entire credit of her recovery to the use of the "Iodo."

Since I have removed from Detroit to East Saginaw, I have received several letters from the young lady and each time she says she is improving.

Enlargement of the Liver.—Stephen L., aged 38, called at my office August 21st, 1873; said he had been treated for two years by various physicians for dropsy, had not been able to sleep for some time on account of pain in the side. After making an examination, I pronounced it *enlargement of the liver* with sanious hæmorrhoids. He complained of severe vomiting at times, of a dark matter, with a bitter taste, which, no doubt, was a flux of mucous tinged with bile and colored by the acids of the viscus, due to the congested condition of the virus of the stomach. After a course of treatment for the purpose of relieving gastric difficulties, and to get the bowels to act freely, I ordered him to rub his side well with a mixture of equal parts water and Solution Iodo-Bromide Calcium Comp. After rubbing for some time to soak a cloth and apply to his side. This had the effect of bringing out a large crop of pimples; ordered a poultice of ground slippery-elm bark, to be applied over pimples.

In a short time they commenced to discharge freely, which was kept up by the means of the poultices; gave him internally one tablespoonful of the Elixir Iodo-Bromide Calcium Comp. three times a day, and had the satisfaction of seeing him improve from this time on. In two weeks the circumference of his body was 2½ inches less, and after taking the Elixir alone for two months he was as well as ever, and has remained perfectly healthy to the present time. I saw him a few days since; he smilingly said, "Doctor you saved my life, I am as strong a man as you can find, have not lost a day's work this summer." He is an engineer in the Carrolton Salt Works. He has gained in flesh and is the perfect picture of health. I have been practicing medicine since 1847; have visited a great many hospitals, and conversed with a great many of my professional brothers who stand high in the profession; and never could get anything that has done me so much good as your "Elixir." I would advise all my profesional brothers to give it a fair trial; they should not stop with a few doses; sometimes I have given it for two months before I got the response I wanted. I have so much faith in it, that I am going to Europe on a visit and shall take some of it with me.

Scrofula.

Gentlemen—Having used your preparation, Iodo-Bromide Calcium Compound, with marked success in a variety of diseases, of which I may mention Scrofula, Syphilis, Rheumatism, Piles, Caries or diseased bone, Prurigo of various forms, and one case each, of Paralysis and Cerebro-Spinal Meningitis, I felt it my duty—both for your encouragement and for general information, to briefly report a Scrofulous case, evidently arising from Syphilitic poison in the system; the case having been treated by a number of physicians, previous to my being called, and without any abatement of the disease.

Aug. 25th, was sent for to visit Mrs. C., aged 35—who was at a friend's house, having left her home for the express purpose of visiting some eminent physician, she having failed for a long period of time to obtain any relief from five physicians who had prescribed for her; now, through the influence of her father, sent for me. Her condition was certainly discouraging. The nose from the *Compressor Naris*, extending out to the Levator Anguli Oris and including the whole upper lip eaten off, presenting one of the most hideous sores that fall to the lot of physicians to look upon. The numerous holes extending to the bone, all the outer edges perfectly raw and constantly eating away, and the whole sore in a putrid, mattering condition, and withal the woman discouraged and dejected. It was a case to excite the sympathy of every one. From my experience with the "Iodo," I immediately encouraged her to believe she could find relief from a new treatment, and prescribed

℞ Iodo-Bromide Calcium Comp.....Oi.

Sig. Take a teaspoonful p. r. n., at the same time keep cloths wet with the Iodo, diluted one to four of water, applied to the sore.

2nd visit, one week after, found her greatly encouraged. She stated that the first application had relieved the tormenting itching and burning sensation, and the eating was already arrested.

3rd visit, one week after, rapidly improving, when she stated to me that with some other applications the sore would scab over, but that under the scab the sore would continue raw, mattering and eating, and feeling a fear it was the same now, she had torn off a scab and to her joy found the flesh healthy and healing.

She has now used nearly three pints of the medicine and is so rapidly improved as to have returned to her home, and is attending to the affairs of her family. Very little other medicine having been used in my treatment, consequently, her rapid recovery is entirely attributable to the resolvent, absorbent, alterative and anti-scrofulous properties and action of the Elixir Iodo-Bromide of Calcium Compound.

I. P. HOYT, M. D.

☞Correspondents will oblige us by writing plainly their *names, Town County and State.* We are frequently unable to answer letters because these are omitted.

THE

Journal of Materia Medica

DEVOTED TO

Materia Medica, Pharmacy and Chemistry.

Vol. 13.] DECEMBER, 1874. [No. 12.

Communications.

PAPAVER SOMNIFERUM.

(*The Opium Poppy.*)

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Papaveraceæ, *Jusseiu.*—In the sexual, or Linnean System, this plant will be found in *Class*, Polyandria, and *Order*, Monogynia.

GENERIC CHARACTER.—Calyx 2-sepaled, caducous: coral 4-petaled; stigma a disk, with radiating lines; capsule 1-celled, dehiscent by pores under the permanent stigma.

SPECIFIC CHARACTER—(Annual, blooms in June, flowers large, terminal, white, on long peduncles;) Calex and capsule glabrous; leaves clasping, gashed, glaucous; margins wavy, incised, toothed; teeth often tipped with a rigid hair.

HABITAT.—Asia and northern part of Africa. *Pereira's Mat. Med. and Therapeutics* mentions that the Poppy grows apparently wild in some parts of Europe, and in England, but has probably escaped from gardens. Cultivated in Asia Minor, Egypt, Persia, and India, on account of the opium obtained from it. It adds:—"According to Dr. ROYLE, var. *album* is cultivated in the plains of India; and var. nigrum in the Himalayas. In Europe, the

opium poppy is principally cultivated for the capsules, or for the oil obtained from the seeds; but occasionally for the opium. HOMER speaks of this poppy growing in gardens, so that it appears to have been cultivated at an early period."

PART USED.—Capsules are the only officinal parts; in which the opium chiefly abounds. Opium pervades every part of the plant except the seeds.

MEDICAL PROPERTIES.—Narcotic properties are the most predominant, also stimulant, sedative, anti-spasmodic, febrifuge and diaphoretic.

HISTORY.—The *Universal Herbal* describes nine distinct species of Papaver. Papaver, Lat. *papaver*, from Celtic, *papa*, pap, because it was given to infants to induce sleep. (*Eaton.*) The Papaver Somniferum is the species, that yields most of our opium. The unripe capsules are incised in five or six places, late in the afternoon, caution being exercised to avoid cutting too deep; if the incision penetrate through the walls of the capsule, the exuding milky juice will pass into the inside. The following morning the inspissated juice is scraped off and permitted to dry in the shade. Thus obtained, the inspissated juice of the poppy-head was called Opium Thebaicum, from being anciently prepared chiefly at Thebes, and has been a celebrated medicine from the remotest times. The use of opium is supposed to have been unknown to HIPPOCRATES, but can be clearly traced back to the days of DIOGORUS, who was nearly his contemporary, and its efficacy and importance have been gradually advancing from that period to the present day. A London author penned, half a century ago, the following relative to opium:—"Its extensive practical utility has, however not long, been well understood; and in this country perhaps may be dated from the time of SYDENHAM. It is the chief narcotic now employed. It acts directly upon the nervous power, diminishing the sensibility, irritability, and mobility of the system; suspending, according to the idea of an ingenious author, the motion of the nervous fluid to and from the brain. and thereby inducing sleep, one of its principal effects. From this sedative power of opium, by which it allays pains, inordinate action, and restlessness, it naturally follows, that it may be employed with great advantage

in a variety of diseases. Indeed there is scarcely any disorder in which, under some circumstances, its use is not found proper; and though in many cases it fails to procure sleep, yet if taken in a full dose, it occasions a pleasant tranquillity of mind, and drowsiness approaching to sleep, which always refresh the patient But, besides the sedative power, it is also known to act more or less as a stimulant, exciting the motion of the blood; and this increased action has been ingeniously and rationally ascribed to that general law of the animal economy by which any noxious influence is resisted by a consequent reaction of the system. By a certain conjoined effort of this sedative and stimulant effect, opium has been thought to produce intoxication; a quality for which it is much used in Eastern countries. In the most continued fevers of this climate, though originating from contagion, or from whatever cause, there is generally at the beginning more or less of inflammatory diathesis; and this, while it continues, would forbid the use of opium, which might prove dangerous. Its use is also forbidden in the more advanced state of this fever, whenever topical inflammation of the brain is ascertained, which sometimes exists, and produces delirium, though other symptoms of the nervous and putrid kind prevail. But when irritation of the brain is not of the inflammatory kind, and debility has made much progress, or where delirium is accompanied with spasmodic affections, opium is a sovereign remedy, and may be employed in large doses every eight hours, unless a remission of the symptoms and sleep take place. In intermittent fevers, opium in combination with other medicines was much used by the ancients; but since the introduction of Peruvian bark it is seldom trusted to for the cure of these disorders. It has however been strongly recommended as an effectual means of preventing the recurrence of the febrile paroxysms; and has been given before the fit, in the cold stage, and during the interval, with the best effects producing immediate relief, and, in short, curing the patient without leaving those abdominal obstructions which have been ascribed to the bark; but in these fevers the best practice seems to be that of uniting opium with the bark, which enables the stomach to bear the latter in larger doses, and adds considerably to its efficacy. When opium is so managed as to produce sweat, it will tend to remove

an inflammatory state of the system, and may generally prove useful; a notable instance of this we observe in the cure of acute rheumatism by means of Dover's powder. In the small-pox hospital, opium, since the time of SYDENHAM, has been very generally and successfully prescribed, especially after the fifth day of the disease; but during the first stage of the eruptive fever we are told that it always does harm; an opinion says Dr. WOODVILLE, which our experience at the small-pox hospital warrants us to contradict. In hæmorrhages, the use of opium is inferred from its known effects in restraining all excretions except, that of sweats; but unless the hæmorrhages be of the passive kind, or unattended by inflammation, it may produce considerable mischief. Our author states:—"Opium has been lately recommended in venereal cases; and instances have been adduced in which it has succeeded when mercury has failed; but few practitioners would venture trusting to opium alone in these complaints." I take the liberty to extend this quotation, for the purpose of showing what was known of this drug in Europe at the date of our author's writing (1820). "The reqiusite dose of opium varies in different persons. A quarter of a grain in one adult will produce effects which ten times the quantity will not do in another; and a dose that might prove fatal in cholera or colic, would not be perceptible in many cases of mania or tetanus.

The lowest fatal dose to those unaccustomed to it, seems to be about four grains; but a dangerous dose is so apt to occasion vomiting, that it has seldom time to cause death. (?) When given in too small a dose, it often produces disturbed sleep, and other unpleasant consequences; and on the other hand a small dose will sometimes produce sound sleep and alleviation of symptoms, when a larger one would not have succeeded. Its general operation is supposed to last about eight hours. It is well known, that by continued habit, opium may be taken in large quantities; indeed an instance is recorded, in which it was increased to ten drachms a day."

Dr. Stillé observes;—"The word opium, indeed, occurs in the Hippocratic books, and is there, as by Celsus, used to denote a narcotic medicine, but is not alluded to as it might be expected a medicine would be which was held in high esteem, or was habitually employed. The first writer to record its remarkable virtues

was Dioscorides, who lived in the latter half of the first century of the Christian era.—But it does not appear to have been extensively used until physicians of the Arabian school disseminated a knowledge of its qualities. In the writings of one of the most eminent of this school, Avicenna, who flourished at the commencement of the eleventh century, the medicinal applications of opium are shown at length, and their enumeration comprises nearly all of those which are familiar to the practitioner of the present day." Sydenham, as quoted by Stillé, whilst describing the epidemic dysentery of 1669—1672, eulogizes this remedy in the most extravagant terms. "Without it," he exclaims, "the healing art would cease to exist, and by its help a skillful physician is enabled to perform cures that seem almost miraculous." Dr. S.—states as follows;—"Indeed, it was to Sydenham, Morton, Friend, Pringle, and other British physicians, that the various modern uses, of opium may, in a great degree, be attributed." The principal constituents of opium are morphia, codeia, narcotia, thebaia, narcein, meconin, meconic acid, extractive, and volatile principle. Various tinctures and elixirs, syrups, &c., are prepared from opium, and the capsules of the poppy, quite too numerous to mention in this paper. Of all the articles of the Materia Medica, the genus Papaver, being the source from which opium is obtained, enjoys the widest compass of therapeutic application. De Candolle describes twenty-six species of Papaver, most of which yield opium, though differing somewhat in quantity and quality from the P.—somniferum.

THERAPEUTICAL EMPLOYMENT.—*Inflammation.*—Biddle's Materia Medica, p. 47, affirms relative to the use of opium;—"From its properties of assuaging pain and inducing sleep, it is useful in almost all diseases; and is positively contra indicated only where there is a tendency to apoplexy or coma, or where there exists an idiosyncrasy with respect to its effects." Dr. Stokes of Dublin, has deduced the following conclusions relative to the use of opium in inflammation, where the tendency is towards death by asthenia. In Peritonitis and Enteritis it frequently triumphs.

Dr. S. conclusions are: 1. That in cases of recent inflammation of serous and mucous membranes, where depletion by bloodletting and other anti-phlogistic measures are inadmissible, and the system is in a state of collapse, the exhibition of opium has a

powerful effect in controlling the disease. 2. That, under these circumstances, the remedy may be given with great benefit and safety. 3. That its effect then is to raise the powers of life, and to remove the disease. 4. That the poisonous effects of opium are rarely observed in these cases; the collapse and debility of the patient appearing to cause a tolerance of the remedy." Dr. Waring remarks:—"In some cases of acute inflammation, when the pain is excessive, and forms the prominent symptom, and when this is accompanied with much nervous irritation, opium, after local or general depletion, may be given, not only with safety, but with benefit. A full dose (gr. ij.) may be given, and repeated until there is a mitigation of the pain. Opium is contra-indicated in acute inflammation of the lungs, Laryngitis and Bronchitis, all of which tend to produce death by apnœa. There are, however, occasional exceptions to this rule; as, for instance, *in inflammation of the brain*, in which Dr. Griffin states that opium, given in combination with Tartar Emetic, a formula for which the thanks of the profession are due to Prof. Graves, exerts an extraordinary power in allaying nervous irritation, quieting, increasing action in the capillaries, and inducing sound and refreshing sleep. It should, however, be employed with extreme cau ion, and only by one whose experience in this class of diseases gives him a title to depart from what is generally regarded as safe practice." Prof. Alison states that the value of opium as an antiphlogistic is nearly confined to inflammation of the intestines, enteritis and dysentery (both of which produce death by asthenia,) and that in these diseases, after depletion, the feelings are relieved, vomiting allayed, sleep procured, and the pulse is found to rise in strength.

Biddle's *Materia Medica* speaks as follows:—"As an *anodyne* in painful malignant ulcers and severe inj ıries, we have no substitute for opium; and, as an hypnotic in mania-a-potu, and in wakefulness and cerebral irritability of fever, it is equally invaluable. From its power of relaxing muscular spasm, it is our most efficient resource in tetanus, colic, and spasm of the stomach, bowels, biliary ducts, uterus, neck of the bladder, &c. In dysentery and cholera it forms the basis of every variety of treatment, partly for its diaphoretic effects, but principally for its action in arresting both the secretions and peristaltic motion of the bowels For the relief of the cough of pulmonary affections, opium has no equal

in the Materia Medica. In cerebro-spinal meningitis and puerperal fever, it has been found more successful than any other remedy."

Cerebro-Spinal Meningitis.—Dr. Stillé instances an epidemic of cerebro-spinal meningitis which prevailed some years ago in Versailles, Avignon, Strasburg, Dublin, and Vicksburg, Miss., destroying at least two-thirds of those attacked by it. Its prominent symptoms were furious delirium, succeeded by tetanic spasms, particularly of the spinal muscles. The only treatment which appears to have in any degree reduced the mortality of this affection, was that adopted by M. Chauffard, of Avignon, and which consisted in giving large doses of opium from the commencement of the attack.

Intermittent Fever.—Opium, though incapable of itself to effect a cure, is nevertheless, one of the most valuable adjuvants in the treatment of this malady. Some physicians, however, assert that this drug has cured in cases where quinine has failed.

Small-Pox.—Dr. Waring says:—"In small-pox of a mild character, opium is generally uncalled for; but in severe or confluent cases, when there is much nervous irritability, intense itching of the skin, sleeplessness, and, in the advanced stages, alarming convulsions, opium in a full dose may be given, taking care to prevent it constipating the bowels, or affecting the head. It is best conjoined with Tartar Emetic."

Insanity.—Opium is very valuable in some forms of insanity, if judiciously administered. Dr. Prichard states that there are few disorders in which so much benefit is derived from this remedy as in cases of insanity. In Puerperal insanity opium is highly extolled.

Delirium Tremens.—Waring says that in delirium tremens, opium is the sheet-anchor, but discrimination is necessary in adjusting the dose, combination, &c. In ordinary cases, unattended with any great depression or inflammatory action, opium, he says, in doses of gr. j.-ij., may be given every three or four hours, until sleep is induced. When much depression or debility exists, when the patient is aged, and has had previous attacks, it should be combined with sesqui-carbonate of ammonia (gr. v.-x.); sometimes by combining opium and tartar emetic, and giving in small doses, good results may be obtained. Dr. Laycock has published some

good remarks, in the *Edin. Med. Journ.*, relative to the use of opium in this disease; it may be found in the Oct., No. for 1858.

Sleeplessness.—Opium is the most efficient remedy in this affection. Dr. Graves, as quoted by Waring, observes:—"*In cases of sleeplessness, particularly in that observed towards the termination of acute diseases*, and where you have administered an opiate with success, be careful to follow it up for some time; and do not rest satisfied with having given a momentary check to the current of morbid action. To arrest it completely, you must persevere in the same plan of treatment for a few days, until the tendency to sleep at a fixed hour becomes decidedly established. It should be given for five or six nights in succession, and in obstinate cases, it must be employed for a longer period, in undiminished doses. You need not be afraid," he adds, "of giving successive opiates, lest the patient should be accustomed to them, and a bad habit be generated; for the rapid convalescence and renewed health, which are wonderfully promoted by securing a sound and refreshing sleep, will soon enable him to dispense with the use of opiates." In some cases of sleeplessness, Dr. Graves' experience confirms Dupuytren's observations, that a certain quantity of opium, when prescribed in the form of enema, will act with more decided effect in allaying nervous excitement, than the same quantity, when taken by the mouth. Dr. G., also states that he has witnessed excellent results from the external application of opium, in some forms of sleeplessness.

The author has, frequently, experienced the most satisfactory results from the application to the spine of a poultice, sprinkled with pulv. opium. The patient should be watched, and, as soon as the soporific effect discloses itself the poultice should be removed, lest a profound, troublesome coma supervene.

Hydrocephalus.—Dr. Waring remarks:—"In *Hydrocephalus*, Opium has sometimes been employed in the second stages to lessen the acute pain in the head, convulsions, irritability of the stomach and intestines; and may be given with this view, at an early period, when the disease depends on exhaustion and debility, uncomplicated with inflammation. Dr. Bennett observes, as quoted by W.—"It has often succeeded in effecting this without in any way interfering with the action of other remedies, or inducing constipation when moderately employed." In the

commencement of the second stage, opium may be given with calomel, James's powder, or tartar emetic, in doses varying from gr. $\frac{1}{8}$ to $\frac{1}{4}$, every four hours. If there is much irritability of the bowels, it is best administered in the form of Dover's powder, combined with Hyd. c. Creta. According to Crampton and Cheyne, contraction of the pupils following the exhibition of this remedy indicates that it has been pushed sufficiently far. Dr. Risdon Bennett has since stated, that, avoiding its use when the pupil is contracted (which he regards as a contra indication of its use), he has employed opium with the best effect, and has sometimes saved an apparently hopeless case. For a child one year old, one drop of T. Opii. is a sufficient dose, and this may be repeated in three or four hours, if no unpleasant symptoms present themselves. (Waring.)

(TO BE CONTINUED)

SALICINE.

BY N. D. TOBEY, M. D.

SALICINE is the active or medicinal principle of willow bark. It is derived principally from the salix helix, while the bark of the other varieties of willow possess it, as well as the different varieties of poplar. It is found more abundantly, however, in the bark of the salix helix, consequently that variety is said to be almost the only one used in its manufacture. As the process of manufacture falls entirely within the province of the manufacturing chemist, and not within the sphere of the therapeutist, we will not notice that process in this paper. Salicine is a white powder, somewhat resembling sulph. quinia, but distinguishable by being heavier, less delicately crystallized, and not so adherent in flakes. It is said, however, to be used in adultering quinia, and I believe I have seen specimens of quinia which contained it. It is not soluble in sulph. acid, like quinine, but turns to a red color when the acid is applied to it, thereby making the acid the test for its presence in a suspected article of quinia. It is soluble in hot water, and moderately so in cold water. Its taste is intensely bitter, but does not remain so long in the mouth as the taste of quinia. The tonic properties of willow bark were known long before the discovery of salicine, and the bark was extensively used upon the European continent (in

many portions of which the tree is indigenous as well as on this continent), in domestic practice as well as by the profession. It was used in infusion or decoction, and also in powder. The bark was taken off the tree, and when dried became quilled. It was used as a simple tonic as well as an antiperiodic. As a tonic, the testimony was strongly in its favor, but not very strong as an anti-periodic, consequently it gradually fell into disuse, until the discovery of its active principle, called salicine. Salicine was procured in its pure state by Leraux, an apothecary of Vitry, France, in the year 1828. It had been obtained by several German and Italian chemists in an impure state, prior to that year (*Dunglison's New Remedies*, seventh edition, p. 641). The well-known therapeutic properties of the bark of the willow soon caused salicine to be extensively used, and especially in France. Miquel, a French physician, was among the first to institute experiments, and regarded from his observations that it was as efficient a remedy in intermittent fever as quinia, but requiring larger doses.

Many other observers soon verified the opinion of Miquel, and declared in favor of the anti-periodic virtues of the drug, and classed it as next to quinia for efficiency in intermittent and remittent fevers. But while in Europe, and especially in France, salicine was extensively used and favorably regarded, as it does not appear that in our country it was much used, and seems to have met with little favor. About the year 1845, Dr. Lawson, then Surgeon-General of the United States army, authorized experiments to be instituted with qinia and salicine, in order that the relative value of each might be made known as anti-spasmodics. Dr. E. Fenner, of New Orleans, having experimented fully with the drugs, gave it as his opinion that salicine was fully as efficacious as quinia, but required to be given in doses three times as large. But it appears that Dr. Fenner's opinion was based more upon the relative price of the drugs than upon their actual relative power or therapeutic agency. The price of quinia at that time was no higher than that of salicine, and his conclusion were that seventy-five cent's worth of salicine was no more efficacious in twenty cases of intermittent fever than twenty-five cents' worth of quinine.

The therapeutic properties of salicine can be regarded as tonic and anti-periodic, and testimony is not wanting to class it as such an agent. Without giving further the opinions of authors upon the drug, we will now endeavor to show that salicine is a drug of no little utility. Our first acquaintance with it during the years

of 1864 and 1865, when the price of quinia was very high on account of the war. We did not have, however, much experience with it as an anti-periodic, from the fact that the country in which we were practising was very little affected with malaria. We used it as a simple tonic in cases where, in our judgment, quinine was indicated, and saw no reason to doubt its utility as a therapeutic agent. Since then we have been using it; and while we are free to confess that we do not regard it as certain in its action in intermittent or remittent diseases as quinine, yet, in many instances, it can safely be relied on, and on account of its being less irritating to the stomach, can, in some cases, be used more advantageouly in some forms of neuralgia—those which simulate migraine, or sick-headache, we have found it beneficial. The first case in which we gave it a fair trial was one known popularly as sun-pain. The patient had suffered with a pain above his left eye, periodically, for years, the character of which was to remit at about 12 o'clock in the day, and then come on violently about 6 o'clock, or sunrise, the next morning. I used hypodermic injections of morphia and sulph quinia, and relieved him of his first attack, in which I saw him in about ten days. In about six months it again made its appearance, and was relieved after about ten days of suffering by the same treatment. The pain again appeared, after a lapse of about six months, and the same treatment was again tried; morphia, hypodermically, and quinine, for about two days, with no relief whatever. I then prescribed about ten grains of salicine at a dose, to be repeated in two hours, beginning about 3 o'clock in the morning, and had the satisfaction of seeing my patient relieved after using the prescription two mornings.

In this case, the morphia injections and quinine in large doses always severely nauseated the stomach. The salicine did not nauseate at all, and, besides, did not produce the ordinary condition known as cinchonism. The second case was not of the same character, but the patient complained of a dull throbbing headache, commencing about day-light, and leaving him about noon. It had annoyed him for several days, but he was busily engaged at his work, and never ceased on account of the pain. I gave him six powders of salicine, containing about six grains each, ordering him to take one at bed-time, and two early in the morning, at an interval of about two hours. The six powders gave him entire relief.

Others, of a like character, might be enumerated here, but the above will suffice to illustrate the action of the drug in cases of a neuralgic form, which seems to depend upon what might be called centric causes, as no appreciable cause for the pain could be found in arrest of secretion on initiation of internal viscera. In such cases, we believe it to be as powerfully anti-periodic as quinine.

Now, to what extent salicine may be anti-periodic in regular intermittent fever, and what influence it may have over malaria in the blood, we will not pretend to say. Our use of it has not been sufficient to aid us in arriving at anything like a fixed conclusion on this point. If quinine exerts its anti-periodic process as a spanæmic, we are inclined to think that salicine does also; while in small doses it certainly acts as a mild tonic, aiding digestion and assimilation. Upon this ground we have administered it in cases of *chronic diarrhœa, with benefit*, combining it with rhubarb, in small doses, and repeating it every four hours. As a simple tonic, its therapeutic process evidently depends upon its bitter principle and power to enrich the blood, while it evidently has further action upon the nervous system. When given in large doses, it does not produce in many instances that peculiar condition which quinia does, commonly called cinchonism; while if it does in others, only to a very limited extent.

While we do not regard salicine as efficacious or valuable an agent as quinine, we nevertheless regard it as a very valuable addition to our materia medica and to the practitioner, who supplies his own drugs, and in many instances gives both his labor and drugs gratis. It would be a means of saving, as it is only about one-third the price of quinine. We would not, however, urge such a reason as an apology for its use, if we did not have confidence in its virtues as a therapeutic agent. We employ it in powder, combined with an equal amount of white sugar, or in pill, or dissolved in hot water. As it is perfectly soluble in alcohol, it could be employed as a tincture. No substance as a simple salt or chemical product is more free from impurities than salicine, and this demonstrates the very valuable aid of organic chemistry to the therapeutist in freeing many vegetable preparations from all inert principles by extracting the active, thereby lessening the dose, and making medicine more agreeable to the patient. Upon the authority of Von Dem Bush, a German physician, salicine can be employed in cases where there is a heavy secretion from mucous membranes. He instances bronchitis and leucorrhœa, in which

cases he used it in decoction with polygola amara, or Iceland moss. We have never as yet employed it in such cases, but believe it to possess alterative powers over mucous surfaces, as instanced in the fact that it will aid digestion and assimilation, where there is atony of the digestive organs. From what we have said, from our own use of the drug, and the testimony of others, we feel justified in drawing the following conclusions:

1. Salicine is a safe and reliable tonic and anti-periodic, second in favor of quinia.

2. It can be used in cases where there is gastric irritation to better advantage than quinia.

3. It is an alterative to mucous surfaces, and can be safely employed as such.

4. It deserves to be more freely used by the profession, as a matter of economy to both physician and patient.—*Druggists' Circular and Chemical Gazette*, Dec., 1874.

FLUID EXTRACT OF GUARANA.

BY J. B. MOORE.

Paullinia has, within the last few years, attained considerable local popularity in some sections of our country, but it is little known to the great mass of the medical profession. It is better known, and has attracted more attention, and has been more extensively prescribed in the East and West than in any other part of the United States.

There seem to be very unsettled views among physicians not only in regard to its physiological action and therapeutic application, but also in regard to the dose in which it should be administered. These important matters have not yet been satisfactorily determined.

Upon inquiry among my medical friends who have used guarana in their practice, I have received very conflicting reports of its therapeutic value. While some extol it highly, others condemn it as worthless and almost inert. Like all new remedies, it is simply in transit through the fiery ordeal of trial in the cure of almost every disease to which human flesh is heir. Therefore, we must expect it for a time to sustain an uncertain and variable reputation. It cannot be expected, no more than could bromide of potassium

or the famous cundurango, to cure every malady in the whole catalogue of human ailments. It has, like all other remedies, its circumscribed application, and only those physicians who are guided in its use by wisdom and judgment will derive satisfactory results from its administration. After awhile its medical virtues will be determined and established, and if it has any merit it will become popular in the few diseases for which its peculiar properties adapt it.

Judging from my knowledge of its active constituents, and from what I have been able to glean from published accounts of its medicinal virtues, I am led to believe that it is more especially in nervous and sick headache and in other disorders of the nervous system that physicians must look for the best effects from its employment.

Tonic properties are also ascribed to it, but these I should think were feeble, and the medicine would not be relied upon for these properties alone, especially when the physician has so many valuable and well-established remedies of this class at his command. These properties, however, as associated with its astringency and other properties, may contribute to its efficiency in the treatment of diseases to which it is peculiarly adapted.

Some writers speak of it highly as a remedy in the diarrhœa of phthisis and also in idiopathic diarrhœa. The application of it to diseases of this character seems rather singular, and, I should think, of doubtful propriety, unless its use be restricted to chronic cases, inasmuch as it so closely resembles coffee, not only in physiological action, but also in its active constituents.

The strongly laxative tendency of coffee, especially when the bowels are in an already irritable condition, is well known to all; and to such an extent does this tendency exist that many judicious practitioners strictly inhibit its use in the existence of diarrhœa or other lax conditions of the bowels.—*The Druggist*, Nov., 1874.

TYPHOID FEVER.

Dr. W. T. T. Montgomery, of Chicago, in the October number of the Chicago *Med. Journal*, collates 112 cases of typhoid fever treated by himself during the months of September, October and November, 1872, in Cook County Hospital. With regard to symptoms, epistaxis occurred in 23; diarrhœa in 77; consumption

in 10; rose spots in 50; blue spots in 2. In all the cases particular attention was given to the temperature, pulse and respiration.

By way of complications, delirium occurred in 49; deafness in 11; softening of the cornea in 1; parotetis in 8; intestinal hemorrhage in 3; peritonitis in 2; died 20. In aid of prognosis, he deduces the following: if the thermometer does not rise above 105° during the second week and begins to decline by the beginning of the third week, it is favorable; when it rises above 106° and is maintained above 105° the third week, it is very unfavorable; if the temperature rises above 107°, the case is almost surely fatal. Convalescence cannot be considered established until the temperature has reached the normal standard in the evening; quinine in five grain doses, three times a day, reduced the evening rise of temperature.

In this disease a pulse of 120° is about as unfavorable as a temperature of 106°, and one of 130° as a temperature of 107°.

The cool bath was tried in two cases, when the temperature 107°, bath at 90° reduced the temperature to 101°, both cases died in the second week—both bad cases from the first. The medicine uniformly prescribed from the time the diagnosis was settled, was:

℞ Potassæ Chloratis..... ʒ ii.
Acid Muriatic Dil..... ℥ ss.
Syrup Simplex..... ℥ ss.
Aquæ..... ℥ iv.

M. S. Tablespoonful every 3 hours in water. When they require stimulating, the following:—

℞ Strychnia Sulph.....gr. i.
Acid Nitric.....ʒ i.
Syrup Simplex.....
Water.....*aa* ℥ ii.

M. S. A teaspoonful every 6 hours.

The crowded condition of the Hospital did not admit of *pure air.*—*St. Louis Med. and Surg. Jour.*, December, 1874.

ALCOHOL IN THERAPEUTICS.

BY WATER COLES, M. D., ST. LOUIS.

At this particular juncture the uses and abuses of alcohol, as it exists in the various spirits, wines, malt liquors, &c., with which we are all familiar, is a subject which is discussed with much

interest, both in its political and social, as well as its scientific bearings. As in all other questions of social and political economy, we find every extreme of opinion. Fanaticism, however, never leads to truth, and is not the banner under which science marshals its votaries to victory. Hence, it is only in proportion as the medical profession has lost sight of the beacon lights which science here and there holds out for its guidance that it has diverged from its teachings in reference to the therapeutic value of this important agent of our materia medica. We say "important agent," because, if it had no other uses, it would be indispensable to the physician and apothecary, entering as it does into a large proportion of all the medicines which we prescribe or dispense.

Under the influence of the rather sudden revolution in the treatment of disease, which the teachings of such men as Todd, Bennett, and others, have wrought, it is natural that alcoholic stimulants should assume a somewhat exaggerated prominence, such as has been doubtless accorded to them in too many instances. Nor is it strange that the pendulum of the professional mind is beginning already to evince a tendency to swing back to a point equally removed from the real goal of conservatism and truth.

In dealing with this question we propose to treat its *moral* aspect as a purely secondary consideration, which no more legitimately enters into a scientific discussion of the properties of alcohol, than in the case of opium, belladonna, arsenic, or any other substance in which lurks life or death, according as it is used rationally or irrationally.

Before entering into a discussion of the therapeutic value of alcohol, it is well enough to sift the many diverse views of scientists as to its physiological behavior in the system. Having nothing in the way of original research to offer, we only select such authority as seems most clearly and satisfactorily to dispose of the various points at issue under this head. In studying the relation of alcohol to the system, it is well to keep in mind its chemical character; it is a hydro-carbon—its formula being C4, H6, O2. When a person takes a moderate dose, it is quickly absorbed, if the stomach be empty—a part being taken up as alcohol whilst a portion is doubtless broken up by chemical reaction before leaving the stomach. That portion entering the circulation is quickly distributed throughout the body. If the dose be small, (under an ounce) it is completely consumed by combustion or

otherwise in the system, since Dupré, Parkes, Wollowicz and others concur in stating that fully an ounce of alcohol can be ingested before any material quantity is eliminated either by the lungs, skin or kidneys. (Sydenham Reports, 1871–'72, p. 18.) When over an ounce is taken, we have more or less heat and flushing, together with its elimination from the skin, lungs and kidneys, in quantities variously estimated by different authorities. The amount thus excreted is very much smaller, however, than is generally supposed. Bouchardat and Sandras go so far as to say that absolutely none is eliminated save a little by the lungs. But since, according to the highest computation, only sixteen per cent. is eliminated, (Subbotin,) the question arises: what becomes of the other eighty-four per cent.? As before remarked, it is highly probable that a portion is oxidized (forming water and carbonic acid) before leaving the stomach, whilst the remainder is undoubtedly consumed in the body. If this view be correct, the conviction is inevitable that alcohol is capable of subserving some of the purposes of food in the system. The argument sometimes urged against this proposition, viz: that "since alcohol never enters into normal tissue, therefore it cannot be considered food," strikes us as extremely superficial and fallacious. Ordinary aliment is divided into *nitrogenous* and *hydro-carbonaceous*, the former for the most part keeps the machinery in repair, whilst the latter furnishes the fuel to run it. Neither is capable exclusively of supporting animal life; it is the proper harmony between the two, and their adaptation to the varying wants of the body which is the essential point in healthy alimentation. And right here, we take it, is the key to the grand secret of the good or evil of alcohol either in health or disease. In health our ordinary food is sufficient to keep all the functions of the body in good working order, the supply being equal to the demand. A potation of alcohol breaks up this harmony by throwing more carbonaceous material into the circulation than it needs, or can dispose of. Hence we argue that alcohol (apart from its injurious effects upon digestion) is unnecessary and hurtful to a healthy person. On the other hand, in many cases of disease, it aids disordered nature in restoring the equilibrium between waste and repair—not by positive reparation, but by economizing waste in the tissues until the crisis is over.

Like other substances of a similar chemical composition, alcohol is readily metamorphosed, and it is this very property which

renders it powerful for good or harm when taken into the system. When, as we have said, the equilibrium between the nitrogenous and carbonaceous ingredients of food is properly adapted to the wants of a sound body, in which there is a healthy adjustment of nitrogenous and calorifacient material, there is no need of alcohol in any form, and so long as the quality and quantity of food remain the same, and no acute disease or other disturbing influences intervene to change the relation of waste and repair, the continued potations of alcohol must inevitably prove injurious, by overtasking the excretory organs, and forcing upon the system a surplus of combustible material, which deprives the tissues of the oxygen essential to health. If this course of life be persevered in, the consequences become apparent in a general impairment of the histological elements of the body, such as fatty and granular degeneration of various organs, congestions, obesity, &c. It is only, then, by supplying a temporary *need* in the system that alcohol can be claimed as beneficial to a healthy man. This call of nature for extra fuel is generally made known by the natural appetite, in the relish with which certain articles of diet are taken under variations of exercise and climate. We all delight in many rich dishes in winter, which would seem unpalatable in summer.

It is not impossible that many portions of our ordinary food may, by a slight chemical change, go to form alcohol in the system. Dr. Inman, in a paper read before the British association, makes the remark—approved and quoted by Stillé—that "nature has provided in the salivary glands, the liver, and the lungs of every animal an apparatus for converting all food, especially farinaceous food, into alcohol, and we have no evidence that such conversion does not take place."

In the treatment of disease alcohol is employed with two objects in view. First—As a direct stimulant to the nervous system, exciting the heart and equalizing and sustaining the circulation. Second—As an economizer of waste, by stealing away oxygen from the tissues, and thus saving them from the ravages of fevers and other disintegrating influences. The first proposition needs no argument, and the second is scarcely less patent to a thoughtful mind, and quite conclusively demonstrated by the experiments of Hammond, Böcker, Davis and others, wherein it was found that under alcohol the carbonic acid gas expelled by the lungs fell short, the fæces were diminished, urine reduced, and its urea and fixed salts diminished. Thus it will be seen that science as well as ex-

perience teaches that alcohol is a valuable aid to the physician in sickness, and that it is frequently his main stay and dependence, in such cases, for example, as collapse, * shock, and extreme and sudden prostration, where we employ it chiefly as a stimulant. In malignant fevers, such as the puerperal, typhus, diphtheria, and, indeed, in all acute wasting diseases, it is indicated not only as a stimulant, but also as a food, in the sense in which we have employed the term; *i. e.* it supplies a want in the system, affording food for oxygen, and thus shielding the tissues from destruction. If the foregoing propositions in regard to the physiological properties of this agent are correct, and they are generally sustained by authority, the necessity of alcohol in any given case, as well as the quantity and frequency of its exhibition, must of course depend on the judgment of the practitioner. With this comprehensive view of alcohol, its chemical composition, and its physiological behavior in the system, it is unnecessary to consume time in discussing its applicability to special diseases, save in a few instances where particular caution in necessary. It should always be remembered that there is a point beyond which its administration will prove excessive and pernicious. There are certain diseases, such as capillary bronchitis, pneumonia, congestions of liver and brain, &c., in which we would by no means employ alcohol, notwithstanding the feebleness of the patient, as freely as we would in septicæmia. Whenever respiration is seriously impaired we give alcohol cautiously. In pneumonia we rely mainly on quinine, beef, tea, milk, eggs, &c. Whilst conceding the value of alcoholic stimuli, it won't do to expect too much of them, under any circumstances; as Chambers has well said, they cannot, and should not, take the place of aliment. They are intended only to bridge over a crisis, and allow time for the appropriation of *constructive* alimentation, which is found only in nitrogenous compounds. We can but believe that some of the followers of Todd have erred in overdosing with alcohol, by which the stomach is kept charged with it, since it is a physical fact, susceptible of easy demonstration, that alcohol retards the digestion and assimilation of albumen. Hence, I prefer never to give beef tea *with* brandy, and this is doubtless the reason why egg-nogg so soon disagrees with feeble patients.

In this connection, we will say a word in regard to the exhibition of alcohol to consumptive patients. That its moderate use is

* In collapse from cholera alcohol is a poor reliance, in fact, does no good, since it is not absorbed, and excites vomiting.

beneficial to some consumptives is every day demonstrated, and for the same reason that cod liver oil or cream benefits them. On the other hand, there are many consumptives—more than is generally supposed—to whom neither of these remedies is applicable for the simple reason that they are not digested, and not unfrequently disqualify the already enfeebled stomach from digesting ordinary food. Sometimes a patient can take one and not the other. But if either alcohol or cod liver oil disagrees, it is folly to enforce its use.—*Missouri Clinical Record*, December, 1874.

Monthly Summary.

OF

Therapeutics and Materia Medica.

The Nature of Angina Pectoris.

Dr. J. Wilson, in the Edinburgh *Med. Jour.*, says:

"Regarding the general subject of angina pectoris, I venture to give my adhesion to the view now generally entertained, of its being a *neurosis*. Dr. Moinet concludes that it is a paralysis occurring in and depending upon a weakened heart, as no other theory (according to him) can account for the symptoms and history of the disease. I can not see how his theory can account in the least for such symptoms as the awful pain, intense anxiety, and indescribable terror which the sufferers from this disease so vividly describe. Trousseau, and several other authorities, consider it an *epileptiform neuralgia*, and I believe this is the nearest approach to a solution of the cause. In addition to this view, is it not probable that there may exist in many individuals such a degree of cardiac irritability or over-sensitiveness as may preclude its bearing the least strain upon its regular duties, and against which it rebels by irregular and excited action, as found in palpitation, or by a convulsive contraction, as in angina pectoris? The following somewhat analogous case may serve as an illustration of this view. A short time ago, I had a female patient under my care, aged 33, unmarried, and of marked nervous temperament. She enjoyed general good health, but suffered from the following uterine phenomenon: Her menstruation was regular and normal in every respect, with this exception, that when the flow had begun, and continued for three or four hours, an intense uterine pain started up, of a kind she could barely describe, and sim-

ultaneous with its occurrence the discharge ceased. The intense pain and stoppage of discharge continued for several hours, forcing her to lie down. She said that the pain was only dulled by two or three teaspoonfuls of strong whisky. This state of matters would go on for from four to eight hours, and then almost all at once cease, when the menstrual flow was again resumed, the period terminating in its usual way. She had suffered from this for years. Now, was this not really what we might call a case of angina matricis, set up by the increased vascularity of the organ exciting its irritability? I could not resist such a conclusion. Irritability, along with ganglionic irregularity of action, might account for this case, as well as for many cases of angina pectoris, which occur where no other morbid condition is to be detected."—*Cincinnati Lancet and Observer*, Dec., 1874.

Value of Air in the Treatment of Wounds.

Dr. Edgar (*St. Louis Med. and Surg. Jour.*, October, 1874,) presents the following facts: During an engagement at Jackson, Miss., in July, 1863, some five hundred were killed or wounded. A large cottage house near by was taken for a hospital, and sheds extemporized. The wounded officers were conveyed to the cottage, and two beds prepared in each room. The openings being large, the ventilation was deemed sufficient. The soldiers were placed under the sheds. The wounds were of every variety, produced by the missiles used in fire-arms, shells, canister and Minie balls. Limbs were shattered and broken in every conceivable manner. It was soon noticed that the officers in the house did not do so well as the soldiers outside, who were simply sheltered. Hence the sash were removed from the windows, to improve the ventilation. Still the patients in-doors had more fever, less appetite, and the wounds did not look so healthy, so they were removed to the verandas, where they would be in the open air, when they improved. The lesson from these facts is that surgical wounds do best when the patients are practically out of doors. We could give many other similar facts respecting the treatment of fevers, etc. All go to show that one of the best things to do for the sick is to supply them with an unlimited amount of pure air. Even if all else be done that is possible, the omission of this will be a fatal mistake. In a theoretical way, the necessity of pure air has long been acknowledged; but in a practical way it is very generally either forgotten or disbelieved, as in fact the *patients do not obtain God's*

pure air. This is true both in the mansions of the rich and the hovels of the poor. Especially is this true in the palace-like structures called hospitals. When shall we learn that the great object of hospitals is to cure sick persons, and subordinate everything to the reaching of this humane object?—*Detroit Review of Medicine and Pharmacy*, Dec., 1874.

Nelaton's Method of Resuscitation from Chloroform Narcosis.

Dr. I. Marion Sims (*Brit. Med. Jour.*, Aug. 22, 1874) most impressively details his observations respecting the practical workings of the above method. Briefly stated, it consists of in reversing the body of the patient, either by hanging him up by the feet or laying him over a bed or table, so that the blood from the greater part of the body can gravitate towards the head. The tongue is drawn forward by a tenaculum and artificial respiration tried. This practice is based on the theory that death from chloroform takes place from cerebral anæmia.—*Detroit Review of Medicine and Pharmacy*, Dec., 1874.

Antagonism between Chloral Hydrate and Calabar Bean.

Dr. John Hughes Bennett (*Brit. Med. Jour.*, Oct., 1874) presents the experiments from which the following conclusions are drawn. Hydrate of chloral modifies to a great extent the action of a fatal dose of extract of calabar bean mitigating symptoms and prolonging life. In some cases chloral clearly saves life from a fatal dose of calabar bean. This antagonism is limited by two conditions:

(1). By the doses administered. More than a minimum fatal dose of extract of calabar bean destroys life, notwithstanding the administration of chloral.

(2). By the interval of time between the administration of the two substances. There is great probability of saving life in those instances in which both substances are given almost simultaneously. This probability is diminished if the chloral be given five or eight minutes after the extract of calabar bean. But even in those cases in which death occurs after the introduction of both substances, the effects of the calabar bean are much less marked.—*Detroit Review of Med. and Pharm.*, Dec., 1874.

Poisoning by the Root of Phytolacca Decandra.

Three children, aged respectively nine, six and four years, were recently poisoned accidently at Corinth, Miss., by eating poke root. They ate the root at 11.30 A. M., at 12 M. took a hearty dinner, and

in an hour commenced purging and vomiting. At 4.30, when first seen by the physician, the purging had ceased, but vomiting continued at intervals of twenty or thirty minutes; the pupils were widely dilated; the pulse rapid and very feeble; inspiration short and sighing. When roused from their narcotism, they complained of intense epigastric pain, great thirst, and chilliness. The treatment consisted of hot baths, sinapisms, and frequent small doses of brandy. The patients all recovered, although vomiting continued through the night, and they complained of vertigo and epigastric tenderness a day or two longer.—*Detroit Review of Med. and Pharmacy*, Dec., 1874.

The Use of Koumis.

It is stated in foreign journals that koumiss has been employed in all the principal hospitals of Paris in affections of the respiratory organs, from mere catarrh to the third stage of phthisis, and that with excellent results, In affections of the digestive organs in persons suffering from albuminuria it has also been very serviceable. In cases in which the disease is accompanied by diarrhœa, the koumiss is given in a state of more advanced fermentation, koumiss No. 2. The patients soon get accustomed to this drink, and afterwards take it with pleasure. Commencing at first with two or three glasses daily, the dose is gradually increased until two or three bottles or more are taken—*Med. and Surg. Reporter*, Nov., 1874.

Case of Mushroom Poisoning.

Mr. Sadler, while preparing for the Pharmaceutical Society in Edinburgh his lecture on edible and poisonous fungi, accidently swallowed a quantity of the spores of the giant puff ball (Lycoperdon giganteum), and within the space of an hour and a half he was seized with sudden illness, accompanied with severe pains. The violent symptoms lasted nine days, after which the patient began slowly to recover. It was the opinion of Sir Robert Christison, Dr. Balfour, and Dr. William Craig, that the continued irritation was kept up by the fungus spores. The giant puff ball is edible in its young state, but when mature certainly forms an unsafe diet.—*Detroit Review of Med. and Pharmacy*, Dec., 1874.

Cod Oil Enemata in Ascarides.

We find in the *Union Medicale* of Canada a notice taken from a French Journal of a case of Ascarides efficiently treated by

injections of liver oil. The patient was a young woman far advanced in pregnancy, who suffered insupportably from the ordinary effects of the pest. Three ounces of the oil were injected twice a day. After the second enema an immense number of the parasites were discharged in a condition of active life. A few days of the treatment effected a complete cure, and no return took place.—*Pacific Medical and Surgical Journal*, July, 1874.

Lemon-juice in Diphtheria.

M. Revillout recommends (*Gaz. des Hôpitaux*, June 20) in the strongest terms the employment of large quantities of pure lemon-juice as a gargle. He says that he and his father have used it during eighteen years, and always with success, it being the most certain application yet known.—*Med. Times and Gaz.*

Tonic Prescription.

The following prescription is regarded specially beneficial as a general tonic in syphilitic patients, and has been found to act exceedingly well in those cases in which the functions of the stomach have been almost destroyed by the use of alcoholics.

℞	Quinia sulph.....	gr. xxx.
	Tr. ferri chlorid.....	ʒ iii.
	Strychnia sulph.....	gr. ¼.
	Syr. zingiberis et	
	Aquæ ad.....	℥ iii.

Teaspoonful every four hours.—*Med. Record.*

Gonorrhœa—Local Remedies.

Gonorrhœa may be treated successfully by local remedies only, and more successfully than by medicines taken internally; the injection used must be weak enough and often enough used. A grain of sulphate of zinc to an ounce of water, used six or eight times a day, may be commenced with, and increased to two grains if necessary. If necessary, sulph. of copper may be tried instead, in the same strength.—*St. Louis, Med. and Surg. Jour.*, August, 1874.

Veratrum for Delirium Tremens.

The tincture of *Veratrum Viride*, given sufficiently often and potent to reduce the pulse to sixty-five beats a minute, and tincture

of *Gelseminum Sempervirens*, till the system is relaxed, the subsultus overcome, and sleep produced, will relieve delirium tremens where there is no lesion of the brain. The Veratrum overcomes the effects or antidotes the alcoholisation of the blood, and so accomplishes its work.—*Medical Eclectic*, Sept., 1874.

Quinine and Morphine.

It had been noticed in several cases that, when one-quarter of a grain of morphine would not produce sleep, if ten grains quinine were administered a short time previous to administering the morphine, the morphine would almost invariably act efficiently. This fact was noticed in connection with puerperal cases.—*Med. Record.*

Mammary Abscess.

Quinine in full doses soon as chill occurs. Cease nursing at once, and remove the milk by hand rubbing, covering the parts with warm lard, and rubbing from the base of the gland towards the nipple.—*Med. Record.*

Treatment of Pneumonia and Bronchitis by Carbolic Acid.

Mr. Henry Greenway writes (British Medical Journal) that he has been treating uncomplicated pneumonia and bronchitis very successfully with carbolic acid. The following is his formula for an adult:

℞ Glycerini acidi carbolici..... ℥ ij.
Extracti opii liquidi,..... *m*xxx.
Aquæ camphoræ,..... ℥ vj.

M. S. A tablespoonful every four or six hours in water.

Gualacum in the Treatment of Acute Tonsilitis.

Dr. R. J. Fritzinger (in the *Reporter* of Nov. 7th) recommends the following:

℞ Potass. Chlor..... ℥ j.
Spts. Nit. Dulc..... ℥ ss.
Tinct. Guaiac..... ℥ iss.

Ft. Sol. A teaspoonful every 3 hours, in sweetened water.

As the local action plays a prominent part in the cure, it always should be swallowed slowly. The use of astringent gargles should not be omitted.—*St. Louis Med. and Surg. Jour.*, Dec., 1874.

Diabetes.

Tannin is now recommended in diabetes. Minimum doses, ten grains, maximum from twenty to thirty grains, repeated two to four times per diem.—*The Archives*, October, 1874.

Enemata of Bromide of Potassium in Obstinate Vomiting.

Dr. Girabetti has obtained the very best results from the administration of enemata of bromide of potassium, in doses of from one-half to two drachms, in cases of obstinate vomiting attending the pregnant state. The same drug, also administered in enemata, has been very successful in the hands of Dr. Laborde, of Paris, in obstinate vomiting, connected with disease of the stomach, liver, and intestines.—*Lancet.*

Camphor in Erysipelas.

M. Revillout states (*Gaz. des Hôpitaux*, June 20) that he has several times had occasion to employ with good result in erysipelas an application used by M. Delpach at the Necker. It consists in painting the affected surface with a solution of camphor in ether (equal weights); and when this is employed in erysipelas of the face, and the affection has not yet reached the hairy scalp, its progress is usually arrested. It is also very useful in erythema caused by local irritation.—*Med. Times and Gaz.*

Chloral in the Treatment of Spasmodic Asthma.

Dr. C. Theodore Williams (*Brit. Med. Jour.*, June 13, 1874) speaks highly of the use of chloral in asthma.

In slight cases, he says, it should be administered in doses of twenty to thirty grains once or twice in the night. In severe cases, fifteen or twenty grains should be given every three or four hours until sleep is induced. In by far the majority of instances of neurotic asthma, this treatment has succeeded in allaying the spasms, and in diminishing, or even abolishing, the attacks.

Treatment of Dysentery.

Dr. Bodo Wenzel has often had occasion to make use in dysentery of enemata of iced water, or rather water containing finely-powdered ice. Under the influence of this treatment he has noted the rapid disappearance of the bloody stools and tenesmus, and amendment of the fever. This treatment is only successful, however, in recent and acute cases. It then constitutes a most efficacious remedy.—*Berl. Klin. Wochenschrift.*

A Good Cement.

A good cement for attaching paper labels to metal surfaces is composed of ten parts tragacanth mucilage, ten parts honey, and one part flour.—*St. Louis Med. and Surg. Jour.*, Dec., 1874.

Editorial.

Phytolacca Decandra.

We live in an age of progress. If we take a survey of the world as it is at the present time, and compare it with what it was but half a century ago, we cannot but be forcibly reminded of the rapid strides that have been made in every department of art and science. While everything else has progressed, is it true that the art of healing has been an exception to the general rule of advancement? By no means.

We venture the assertion, that in no period, of the same length, since the days of Æsculapius, have so many valuable discoveries been made, of remedies that were calculated to be beneficial in the art of healing, as within the last thirty years.

The article, the name of which stands at the head of this essay, is one that but recently has been added to the list of the materia medica. We are aware that there are many physicians of ability who confess their entire ignorance of its properties, while others through prejudice, from the fact, that it is not recommended by ancient authors, ridicule its use

Some two years since, the writer attended a meeting of a medical society, of which he is a member, and read a paper, in which he recommended liberality of sentiment among physicians, and the culture of progressive ideas:—to be willing to avail themselves of the discoveries in this department of science, and not adhere too tenaciously to old remedies simply because they had the sanction of long usage, and discard those that were preferable, simply because they were of recent discovery.

One eminent physician present took issue with us, taking the position that the system of medicine was perfect long ago, that it was impossible to make useful additions to it, and that all new remedies were innovations, *charlatanism*, *quackery*. Was he not one of the Simon pure old fogies? A few months, subsequently, a paper from our pen was published in the "*Indiana Journal of Medicine*" on "Acute Rheumatism" in which we recommended the remedy under consideration. We recommended it from the benefits that we had seen, from its use, in a practice of over twenty years, in our own case, and in the hands of other practitioners. My old fogy friend came out in an article in the same Journal, severely criticising the article I had written, and cited a case in his own practice, of a man who had been recommended to take an emetic of poke root as a remedy for persistent chills. The result was death, which my learned friend with all his vaunted skill, was unable to ward off. He spoke with just severity against the "indiscriminate use of it." Well, what some physicians would recommend the "indiscriminate use of any potent remedy?

Dr. L. uses Tartarized Antimony as a remedy; (and so do we,) but were one of his patients to prescribe for himself, and take a tablespoonful of this latter drug, could he with all his skill save him? We think not. Because

some are so unwise as to make an injudicious use of remedies and come to harm in consequence, is it an evidence of candor or good sense, to discard its use entirely, when experience has proved its proper use to be of great benefit?

In our practice we have found nothing better in acute rheumatism, or as an alterative in syphilis, scorbutic affections, or in any case where an alterative is indicated. Recent experiments have proved, that in mastitis its internal use in the dose of gtts. x; of the saturated tincture, or of the fluid extract gtts. xv, every three hours; at the same time bathing the glands with the same, seldom fails to effect a cure. Its timely use, as above suggested, will prevent suppuration, and thus, much intense suffering on the part of mothers, can be evaded.

I am aware, that many conservative physicians, use this remedy, but I have written this in the hope, that it may come under the observation of some physicians who are not practically acquainted with its virtues, and thus be induced to use a remedy that the experience of others, as well as my own, has found to be of great value.

J. B. HOAG, M. D., Laporte, Laporte Co., Md.

A Case of Poisoning by Strychnia.

JOSEPH BATES, M. D.,

Dear Sir—I take the liberty of sending you the history of a case of poisoning by Strychnia. which is of some interest, as I find from the authorities I have been able to consult, that recovery from poisoning by Strychnia is extremely rare.

On Sunday, July 19th, 1874, soon after reaching my office from my daily visits to my patients, a messenger came in great haste and requested me to visit Mr. K. a young man who was supposed to by dying—but from what cause the person did not state. On arriving at the residence of the young man, I found him lying on a lounge, and having a continual succession of spasms, which became more violent when the body of the patient was touched by another person—On inquiring into the history of the case, I learned that the patient had taken strychnia, *having been advised so to do for a pain in his side*, but how much he had taken could not be ascertained. Without much time for thought I ordered the white of eggs, milk and ammonia to be given, and the inhalation of chloroform carried to complete anæsthesia. Vomiting soon occurred, and seemed to be continued by the milk and ammonia which was given by ½ hours for some hours in tablespoonful doses; the inhalation of chloform was also continued—at ten P. M. the spasms had nearly ceased. The albumen and ammonia were discontinued; the patient was, however, kept slightly under the effects of chloform all night, and the tincture of iodine was ordered to be given by 8 hours in nine drop doses. After a night free from spasms, the patient rallied and was able to sit up on the lounge next day. Some weakness

continued for a time, but by the use of tonics, he was able in a week to resume his daily business.

A case has come under my care in which your Iodo-Bromide of Calcium Comp. has been of great benefit; the patient had been treated by several distinguished physicians of New York City for passive cerebral congestion, without improvement. On coming under my care, I, after giving the case a good deal of thought—"being only a country doctor"—prescribed Elixir Iodo-Bromide of Calcium Comp., prepared by Tilden & Co., in teaspoonful doses 3 times daily, after meals; the medicine was strictly continued for considerable time. The patient is now well and able to attend to his large business, which, for some time before he came under my care, he was obliged to give up. Respectfully yours, WILLIAM GOVAN, M. D.

Stony Point, N. J., Nov. 23, 1874.

The Prevalence of Diphtheria.—Reports on its Symptoms—Treatment and Prevention.

The *Sanitary Committee* of the City of New York, respectfully submit the following propositions concerning diphtheria, which embody deductions from the investigations of the latest and most competent medical authorities:

Mode of Attack.—Diphtheria is caused by the inoculation of the air passages with the diphtheritic poison, which, from this point, infects the whole system; the local inflammation is attended with the formation of membrane, (exudation;) the fever and general symptoms are the result of this local infection.

How it Spreads.—Diphtheria is therefore a contagious disease, (not perhaps as marked as scarlet fever,) induced by contact with objects and persons infected; it may be diffused by the exhalations of the sick, and the air surrounding them; or directly, by the exudation, as in the act of kissing, coughing, spitting, sneezing; or by the infected articles used, as towels, napkins, handkerchiefs, &.; the poison clings with great tenacity to certain places, rooms, houses, where it may occasion cases after the lapse of months.

Symptoms.—In ordinary attacks the poison begins to act the moment it lodges upon the tissues, but, like a vaccination, causes but slight sensible effects in from two to five days; there is marked prostration, dryness of throat, and pricking pain in swallowing; the throat becomes red, and patches of white exudation appear, and the glands of the neck swell. In mild cases, these symptoms subside on the third or fourth day from the appearance; if more severe these symptoms may be prolonged; if unfavorable the fever increases, the local inflammation spreads, and exhaustion rapidly follows.

PREDISPOSING CONDITIONS.

The Person.—Diphtheria attacks by preference children between the ages of one and ten years, the greatest mortality being in the second, third, and fourth years; children of feeble constitution, and those weakened by previous sickness, and those suffering from catarrh, croup, and other forms of throat affections.

Social Relations.—All classes are liable to diphtheria where it is prevailing,

but those suffer most severely who live on low, wet grounds; in houses with imperfect drains, or surrounded by offensive matters, as privies, decaying animal or vegetable refuse; in damp rooms, as cellars; in overcrowded and unventilated apartments.

Seasons.—Diphtheria is not affected by either heat or cold, drought or rain.

Precautions—The Dwelling or Apartment.—Cleanliness in and around the dwelling, and pure air in living and sleeping rooms, are of the utmost importance wherever any contagious disease is prevailing, as cleanliness tends both to prevent and mitigate it. Every kind and source of filth around and in the house should be thoroughly removed; cellars and foul areas should be cleaned and disinfected; drains should be put in perfect repair; dirty walls and ceilings should be lime-washed, and every occupied room should be thoroughly ventilated. Apartments which have been occupied by persons sick with diphtheria should be cleansed with disinfectants, ceilings lime-washed, and wood-work painted, the carpets, bed-clothes, upholstered furniture, &c., exposed many days to fresh air and the sunlight, (all articles which may be boiled or subjected to high degrees of heat should be thus disinfected.) Such rooms should be exposed to currents of fresh air for at least one week before re-occupation.

Well Children.—When diphtheria is prevailing, no child should be allowed to kiss strange children, nor those suffering from sore throat, (the disgusting custom of compelling children to kiss every visitor is a well-contrived method of propagating other grave diseases than diphtheria; nor should it sleep with or be confined to rooms occupied by, or use articles, as toys taken in the mouth, handkerchiefs, &c., belonging to children having sore throat, croup, or catarrh, If the weather is cold, the child should be warmly clad with flannels.

When Diphtheria is in the House or in the Family.—The well children should be scrupulously kept apart from the sick in dry, well-aired rooms, and every possible source of infection through the air, by personal contact with the sick, and by articles used about them or in their rooms should be rigidly guarded. Every attack of sore throat, croup, and catarrh should be at once attended to. The feeble should have invigorating food and treatment.

Sick Children.—The sick should be rigidly isolated in well-aired (the air being entirely changed at least hourly) unlighted rooms, the outflow of air being as far as possible, through the external windows by depressing the upper and elevating the lower sash, or a chimney heated by a fire in an open fire-place; all discharges from the mouth and nose should be received into vessels containing disinfectants, or upon cloths which are immediately burned, or if not burned thoroughly boiled, or placed under a disinfecting fluid.

While scarlatina, small-pox, and enteric fever are scourging numerous cities in England, diphtheria is now prevailing in about half the cities with which this bureau holds correspondence in the United States, and it is more fatal in numerous interior towns and cities than it is in this City, where its increase seems to be stayed. No other infectious malady more imperatively demands the best resources of medical and sanitary knowledge to limit its prevalence and safe life. Sanitary precautions have supreme importance in this disease."

Use of Bromo-Chloralum.

The prevalence of SCARLET FEVER, and DIPHTHERIA, as an epidemic in many sections, induces us to call attention to the use of BROMO-CHLORALUM, as an agent for purifying the air of the *Dwellings* and *Sick Rooms*, by neutralizing and destroying at once all noxious odors and gases, as well as *germs of disease.* and *septic* (putrescent) *particles* floating imperceptibly in the air.

It is a concentrated solution of Aluminium Chloride and Bromide, *inodorous* and *non-poisonous* and after repeated trials, has been found to be both agreeable and potent. It promptly absorbs and decomposes all ammoniacal and noxious gases, and renders the atmosphere and surrounding objects sweet and wholesome. It has been tested in such a variety of cases with such uniform success, that we feel warranted in recommending it to the public for general use, in all places or circumstances that give rise to unhealthy, bad odors.

A Striking Merit of Bromo-Chloralum is, that it operates by removal and not by creating an odor greater than the one sought to be removed. Can be applied in the most simple manner, diluting it according to the *object* or *locality* to be purified. Indeed one great element of its success is the capability of *free diffusion*, causing it to purify the air as well as the walls, ceilings and floors.

For Scarlet Fever and other Contagious diseases suspend towels in the room moistened with it diluted. Use freely on all bedding and in the chamber utensils, previous to use, as by this method the poison of excretions is neutralized.

Also when the throat is ulcerated or inflamed, gargle with it diluted one to ten of water. We are advised that patients feel much comfort from the use of a dilution of one part to twelve or sixteen of water as a wash; all speak of its soothing influence when applied to the burning, itching surface. It neutralizes the poison, limits the spread of the disease. Attendants should use the same freely upon their clothes and person.

For Diphtheria, Sore Throat, &c., dilute one part to ten of water, or stronger according to circumstances, and gargle the throat when advisable, also swallow 5 to 10 drops in a teaspoonful of water. The general directions as to purifying the air of the house and room should be observed fully.

New York, 176 William St. TILDEN & CO., CHEMISTS.

Elixir Iodo-Bromide of Calcium Compound.

Scrofula.—Mrs. W., aged 30; no children; of a scrofulous diathesis; fleshy, with little or no blood; was called May 27th, and found enlargement of one breast—was twice the size of the other, with heavy cutting pains. I saw there was no use using the Iodide of Potassium as there was little blood to purify. My attention having been directed about that time to the Elixir Iodo-Bromide of Calcium Comp., I gave her a teaspoonful three times a day. The breast diminished in size day after day and no pains whatever. I kept her under the "Elixir," and ordered her to be out in the fresh air as much as possible. She ate and slept well, and I discharged her as cured in January 1874.

L. H. ERNST, M. D.

Extract from letter of J. J. BUCHANAN, M. D., Dixonville, Indiana Co., Pa., March 29, '74.

"Please send me half dozen bottles of Elixir Iodo-Bromide Calcium Comp., I believe it is going to prove itself adequate to the cure of Pulmonary Consumption, especially in its first stage. I have lately used it in the last stage of consumption with very gratifying results."

Extract from letter of C. A. THOMAS, M. D., Middleton, Hyde Co., N. C., Oct. 15, 1874.

"I have a case of Epithelial Cancer which I am treating with the Elixir Iodo-Bromide of Calcinm Comp., and from its present indications I have sanguine hopes of an ultimate cure. It is a most efficient therapeutical agent."

Extract from letter of CHAS. W. BURDICK, M. D., Watertown, N. Y., Nov. 24, 1874.

"While writing you I will not let the occasion pass to express in the warmest terms my high appreciation of your vegetable fluid extracts, resinoids, and last but not least, your Iodo-Bromide Calcium Comp.

The wide therapeutical application of this invaluable compound would, if better understood, commend it to every practitioner of medicine in the country. In scrofula and all its concomitants, its beneficial effects are truly marvelous. As a blood purifier and alterative it is without a rival.

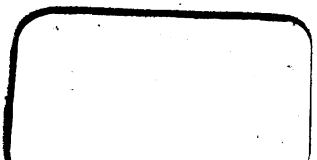
Extract from letter of HOWARD F. FREEMAN, M. D., Pacific, Franklin Co., N. Y., Dec. 2d., 1874.

"I had a patient using your "Elixir Iodo-Bromide Calcium Comp.," a boy of three years—has had an itching humor in the blood since he was six months old. The Iodo-Bromide has entirely stopped the itching, and I think will soon effect a cure. He had a brother and sister to die from this affection."

Itch and Salt Rheum Cured by Bromo-Chloralum.

Extract from letter of THOS. M. THORPE, M. D., Fayetteville. Ark., Nov. 29, 1874.—"'Hog-itch,' as it is called here, possibly one of the worst kinds and very intractable, I have seen yield permanently and in a few days, to a quarter of a teaspoonful of Bromo-Chloralum rubbed over the part affected (the hand generally). If there is any other antidote I have never heard of it."

In the October number, on page 298, we omitted to give proper credit for the authorship of the article entitled *Uræmia*. It was an extract from a paper read by F. R. BUCKHAM, M. D., Flint, Mich., before the *American Medical Association*. We consider this acknowledgment due to Dr. B., as the article is an important one, and many letters have been received seeking further particulars as to the treatment, all of which inquiries we would refer to Dr. BUCKHAM. On the 6th line from top of page 299, instead of 37 grains, it should read 3.7 grains.

☞Correspondents will oblige by writing plainly their *names, Town, County and State*. We are frequently unable to answer letters because these are omitted.

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